



Solutions to End Child Marriage

WHAT THE EVIDENCE SHOWS



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2 Introduction

2 The Problem

FIGURE 1: Youth Cohort Size and Child Marriage Prevalence

4 Solutions: What Do We Know?

6 What Works: A Systematic Review

EVALUATED PROGRAMS: AN OVERVIEW

FIGURE 2: Program Initiation Year

Evaluation Publication Year

FIGURE 3: Scale of Program Outreach

FIGURE 4: Child Marriage Prevention as a Deliberate Objective in Programs

FIGURE 5: Geographic Distribution of Programs

PROGRAM STRATEGIES

TABLE 1: Program Strategies

SUMMARY TABLE: Evaluated Child Marriage Prevention Programs: 1973-2009

20 Evaluation Approach and Methodologies

EVALUATION RESULTS

FIGURE 6: Results: Change in Knowledge/Attitudes by Evaluation Rigor

FIGURE 7: Results: Change in Behavior by Evaluation Rigor

24 Concluding Insights

1. DEPTH VERSUS SCALE AND SUSTAINABILITY

2. EVALUATION RIGOR

3. TIME HORIZON

4. SELECTION BIAS AND TIPPING POINT

26 Summary of Findings

27 Agenda for Future Action

28 Program and Evaluation References

30 References

INTRODUCTION

National and international communities are increasingly recognizing child marriage as a serious problem, both as a violation of girls' human rights and as a hindrance to key development outcomes. As more program, policy, donor and advocacy constituencies pledge commitment, resources and action to address this problem, it becomes important to examine past efforts and how well they have worked. Finding model solutions to address child marriage has been a challenge because, while there has been increasing investment in programs during the last decade, many are not well-documented, and even fewer are well-evaluated.

In this brief, we summarize a systematic review of child marriage prevention programs that have documented evaluations. Based on this synthesis of evaluated programs, we offer an analysis of the broader implications for viable solutions to child marriage. Our findings show that child marriage prevention programs have indeed expanded in number and scope during the last decade; almost two dozen have documented some type of an evaluation. The largest number of evaluated programs is in South Asia, especially in Bangladesh and India. Programs in a broader range of African and Middle Eastern countries, including Ethiopia and Egypt, are also adding to the evidence base.

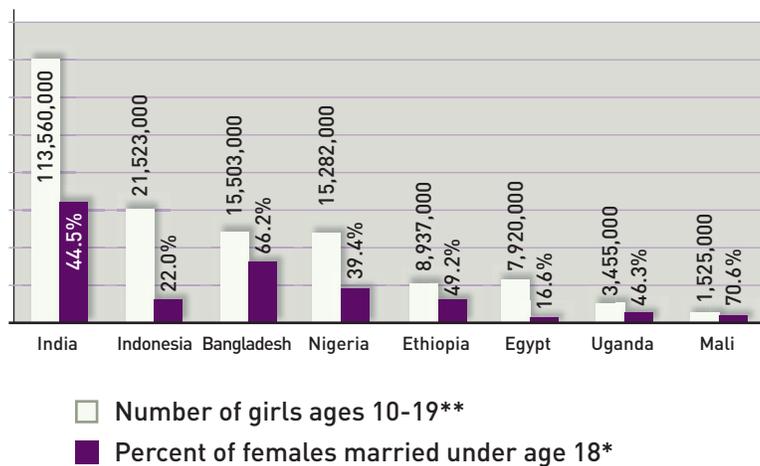
On balance, the results from this composite of evaluations lean toward positive findings, indicating that a set of strategies focusing on girls' empowerment, community mobilization, enhanced schooling, economic incentives and policy changes have improved knowledge, attitudes, and behavior related to child marriage prevention. The strongest, most consistent results are shown in a subset of programs fostering information, skills, and networks for girls in combination with community mobilization. While many child marriage prevention programs are only beginning to explore possibilities of going to scale, there are encouraging signs that large-scale structural efforts aimed at other goals, such as education, health, and poverty reduction, are beginning to make a connection with child marriage prevention. A smaller, but growing set of such programs is providing tentative but promising evaluation results, laying the foundation for building new partnerships and leveraging scarce resources.

THE PROBLEM

Based on the United Nations (UN) Convention on the Rights of the Child, child marriage refers to marriage under age 18 (UN 2000). Marriage before the age of 18 is a fundamental human rights violation. Child marriage disproportionately affects young girls, who are much more likely to be married as children than young boys (Mathur et al 2003; UNICEF 2005; Save the Children 2004). The latest international estimates indicate that worldwide, more than 60 million women aged 20–24 were married before they reached the age of 18 (UNICEF 2007).

The extent of child marriage varies substantially between countries; the highest rates are found in West Africa, followed by South Asia, North Africa/Middle East and Latin America (Clifton & Frost 2011). However, as Figure 1 shows, countries with the highest percentage of females 20 to 24 who report having been married before 18 are not the same countries in which the largest number of girls are vulnerable to this practice. When considering the number of girls aged 10-19 across various countries, more girls are at risk of child marriage in India than in most other countries combined. In fact, given population size and significant rates of child marriage in Afghanistan, Bangladesh, India, and Nepal, about one-half of the girls who are affected by child marriage live in South Asia (UNICEF 2007).

FIGURE 1: Youth Cohort Size and Child Marriage Prevalence
Select countries



* **NOTE:** Based on national surveys conducted between 2004 and 2008 in which women ages 20–24 reported being married by age 18.

* **SOURCE:** ICF Macro, DHS surveys 2004-2008

** **NOTE:** Data reflects population size in 2005

** **SOURCE:** Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2010 Revision, <http://esa.un.org/unpd/wpp/index.htm>

Data suggest that child marriage prevalence is decreasing overall, but the pace of change is slow. In 34 of the 55 countries with comparable data from two recent surveys, there has been no significant change in the percentage of women aged 20–24 married by 18—and only 5 countries experienced a decrease of more than 10 percent (UNICEF, 2007). For example, Demographic and Health Survey (DHS) data show that in Niger, the proportion of marriages under age 18 for 20-24 year-old girls declined only 2 percentage

points from 1998 to 2006, from 77 percent to 75 percent. In Nicaragua, the decline over a five-year period from 2001 to 2006 was just 3 percentage points, from 43 percent to 40 percent. In India, the decline in a seven-year period from 1998 to 2005 was only about 3 percentage points, from 50 percent to 47 percent (Macro International Inc. 2011).

The consequences of child marriage to the girls who experience it can be devastating (Jain & Kurz 2007; UNICEF 2001; 2005; Mathur et al 2003). Early marriage leads to early childbearing, with significantly higher maternal mortality and morbidity rates as well as higher infant mortality rates (Mensch 2005; UNICEF 2005; Save the Children 2004; Bott & Jejeebhoy 2003). Moreover, child marriage has negative effects on girls' education. Girls with low levels of schooling are more likely to be married early, and child marriage virtually puts an end to a girl's education (Mathur et al 2003; Mensch 2005; Jejeebhoy 1995). A child bride's lack of education and peers limits her support systems, and without skills, mobility, and connections, she is constrained in her ability to overcome poverty for herself, her children, or her family. Young girls married to older men with more sexual experience are also at greater risk of HIV infection (Clark 2004), and child brides are at heightened risk of violence in the home (ICRW 2005; Santhya et al 2010).

The lack of education, health, physical safety, and autonomy deprives girls of their basic human rights, and it also acts as a brake to social and economic development. National and international indicators on maternal health, education, food security, poverty eradication, HIV/AIDS, and gender equality are all negatively linked with high child marriage rates. In fact, child marriage undermines the achievement of each of the eight Millennium Development Goals and global targets to reduce poverty worldwide (Hervish & Feldman-Jacobs 2011; UNICEF 2006; IPPF 2007).

SOLUTIONS: WHAT DO WE KNOW?

Efforts to address child marriage in many parts of the world date back to the 1920s. For example, the first legislative attempt to end child marriage in India was through the passage of the "Sarda Act" in 1929 (Mukherjee 2006). More recently, legal reform began to gain ground in the 1970s and 1980s, as countries such as Bangladesh, India and Indonesia established or raised the legal minimum age of marriage to 18 for girls. During the same period, human rights activists and the United Nations launched efforts to address harmful traditional practices affecting women. However, programmatic interventions to eradicate this practice have only gained momentum since the 1990s, coinciding with the attention to adolescent reproductive health at the Cairo International Conference on Population and Development in 1994 and the assertion of women's and girls' human rights at the UN International Conference on Women in Beijing in 1995 (UNICEF 2001).

Several organizations have examined the causes and consequences of child marriage in some detail (Bott & Jejeebhoy 2003; Mathur et al 2003; UNICEF 2001), and many have highlighted promising programmatic approaches to prevent child marriage (e.g., USAID 2009; Hervish & Feldman-Jacobs 2011). However, comprehensive reviews to take stock of existing programs have been more limited. The International Center for Research on Women (ICRW) undertook one such effort in 2007, and identified 66 child marriage-related programs in 30 countries (Jain & Kurz 2007). ICRW conducted a follow-up review that focused solely on India and identified 58 program and policy efforts targeting child marriage in the country (Mukherjee et al 2008).

These reviews have uncovered important insights on the scope and range of interventions to address this problem. Many programs recognize the multitude of factors driving the persistence of child marriage. These interventions have tried comprehensive or integrated approaches that engage communities, families and policymakers, while attempting to impart to girls skills, opportunities and empowerment. However, prevention efforts were not always focused in the countries with the highest rates of child marriage (Jain & Kurz 2007). And many efforts lacked scale and were not integrated into larger government initiatives or private sector drivers of economic and social change to be sustainable in the long run (Mukherjee et al 2008).

Most importantly, existing reviews of initiatives to prevent child marriage indicate that few of these have been evaluated (Jain & Kurz 2007; Hervish & Feldman-Jacobs 2011; Mukherjee et al 2008). For example, only 10 percent of the programs identified in the 2007 ICRW scan had been evaluated. Still fewer were evaluated using rigorous methodologies or included information about the evaluation process. Thus, while we know something about what has been attempted to prevent child marriage, we know little about how successful these efforts have been.

To address this gap, this brief focuses on and systematically analyzes the small number of evaluated programs with the goal of preventing child marriage. This analysis provides guidance not only on what *has* worked, but what *can be done* to strengthen current and future efforts to prevent child marriage.

WHAT WORKS: A SYSTEMATIC REVIEW

In 2009, the World Health Organization (WHO) commissioned ICRW to undertake a systematic review that would use the established WHO methodology to identify, review and appraise research evidence relevant to the prevention of child marriage. In collaboration with WHO, ICRW conducted an extensive search of international, regional and WHO databases to identify program interventions and policy strategies that had documented measurement of change in child marriage-related behaviors and/or attitudes. We identified additional programs by conducting a general online search, examining websites of organizations known for their involvement with child marriage prevention and emailing relevant staff, and reviewing a wide range of program scans and other documents in the published and grey literature. In total, we identified more than 150 potentially relevant efforts to prevent child marriage. However, only 23 of these documented an attempt to measure change in child marriage-related behaviors, knowledge, or attitudes among relevant stakeholders. These programs were implemented between 1973 and 2009, with several of the programs continuing through the present, and evaluations were published between 1991 and 2010.

Our search suggests a significant increase in the number of interventions targeting child marriage during the last decade. The majority of programs work directly with girls, offering them opportunities to obtain skills and education. Most efforts engage with families and community members and attempt to change underlying social norms that perpetuate the practice of child marriage. Many interventions also offer economic incentives to parents to promote education and healthy behaviors as well as prevent child marriage. As increased resources are dedicated to preventing child marriage, interest in learning the impact of these efforts has also increased. Although 23 is not a large number, this is the first critical mass of evaluated programs. Of course, the "positive bias" in the documentation and publication of evaluations may shape the conclusions we draw about them; unsuccessful programs are less likely to be documented and published.

It is important to note that a few promising approaches—especially at scale—are underway, but do not as yet have completed evaluations. An important example is the Haryana state government's *Apni Beti Apna Dhan* program in India, which provides to girls and their families cash incentives that are conditional on the daughters remaining unmarried until age 18 (Sinha & Young 2009). The first cohort of girls enrolled in the program will turn 18 in 2012, and ICRW is initiating an evaluation of the program. Similarly, the Population Council is investigating the effectiveness and cost of different strategies to delay marriage in four sub-Saharan African countries, including Ethiopia, Kenya, Tanzania and Uganda, building on its successful Berhane Hewan program in Ethiopia (USAID 2011). Pathfinder's PRACHAR program in Bihar, India, has also built on positive results to scale up and evaluate activities in subsequent phases (Rahman & Daniel 2010).

Other large-scale programs may be poised to undertake evaluations on child marriage in the near future. For example, programs targeting girls' safety and reduction of violence in schools, such as the Safe Schools program sponsored by the United States Agency for International Development (USAID) in Ghana and Malawi, have child marriage prevention as one objective, but data to evaluate this outcome is currently not collected (USAID 2008). Similarly, governments and multi-lateral agencies undertaking large-scale initiatives to eradicate poverty, expand economic opportunity, promote women's empowerment and promote girls' education have the potential to prevent child marriage because they are, in effect, addressing some of its drivers. However, these broader initiatives have not always been developed with child marriage in mind, and therefore do not collect relevant data.

EVALUATED PROGRAMS: AN OVERVIEW

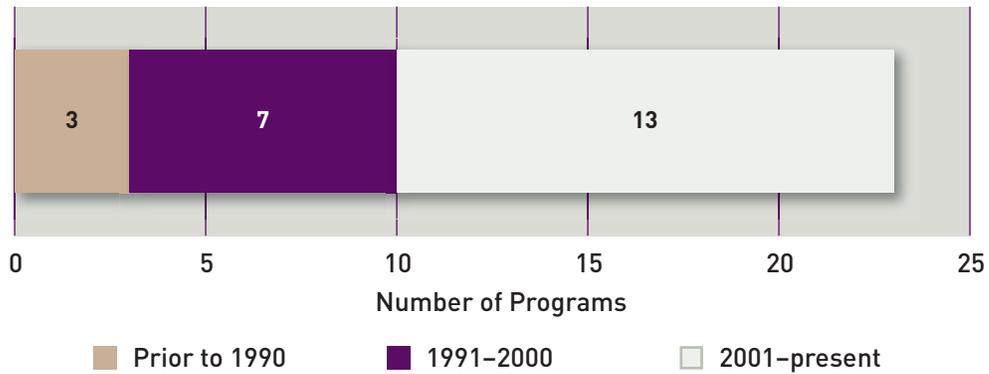
We begin with an overview of the 23 evaluated programs. Figure 2 presents when these programs were initiated and when evaluations were published. The figure illustrates that much of the activity on child prevention is recent: more than half (13) of the programs were initiated in the last decade. Seven programs were initiated in the 1990s, coinciding with the two major UN conferences on reproductive health and women's rights. Only three programs had documented evidence earlier than the 1990s. The figure also helps explain why so little evidence has been available to date on the success of programs addressing child marriage: 15 out of 23 evaluations were published since 2006.

Figure 3 illustrates the targeted outreach for these programs. Not surprisingly given the nascent stage of child marriage interventions, the vast majority of programs have had limited outreach and have yet to go to scale. In fact, nine of 23 programs aimed to reach fewer than 5,000 beneficiaries and almost three-quarters or 14 programs reached fewer than 15,000 beneficiaries. Only six programs reached more than 60,000 beneficiaries.

Figure 4 shows that only five out of 23 programs had preventing child marriage as a primary objective. A significant proportion of the programs (7 out of 23) included child marriage-related outcomes only as an incidental objective. These programs were often educational, infrastructure or cash incentive interventions implemented and/or supported by national or local governments; bilateral or multi-lateral donors such as the World Bank, USAID, or the Swedish International Development Authority (SIDA); or large non-governmental organizations (NGOs) such as Building Resources Across Communities (BRAC)¹ in Bangladesh. As such, these interventions also had the greatest scope for expansive outreach.

¹ BRAC was formerly known as the Bangladesh Rural Advancement Committee.

FIGURE 2: Program Initiation Year



Evaluation Publication Year

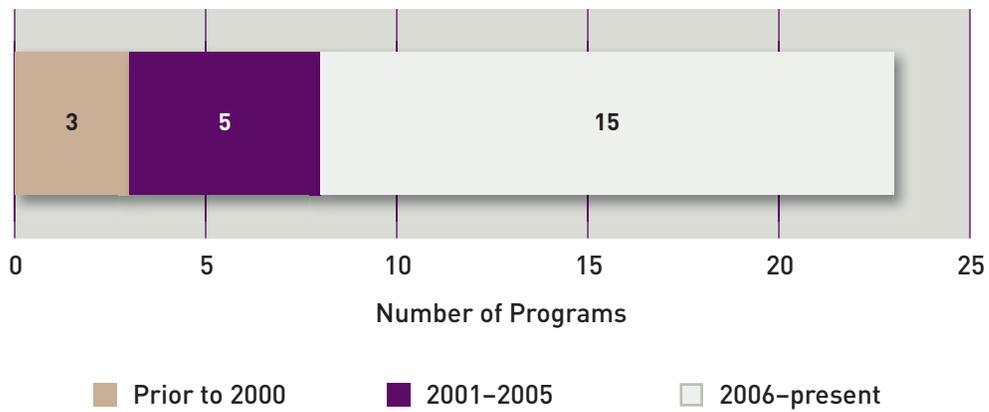


FIGURE 3: Scale of Program Outreach

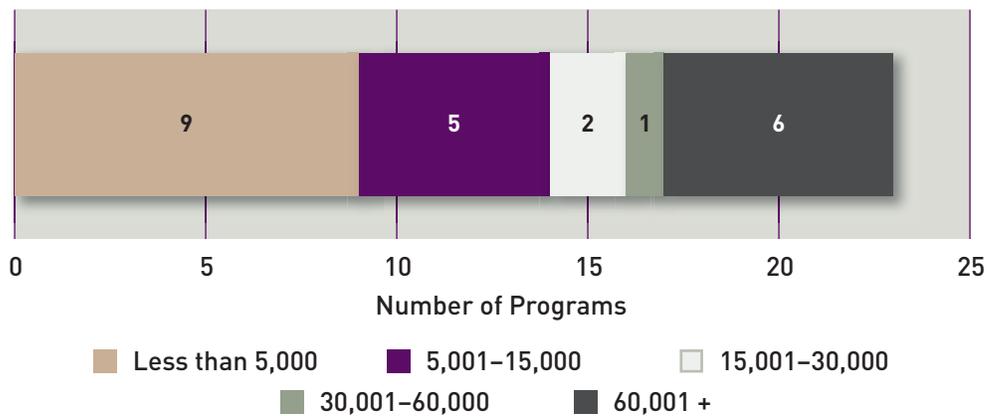
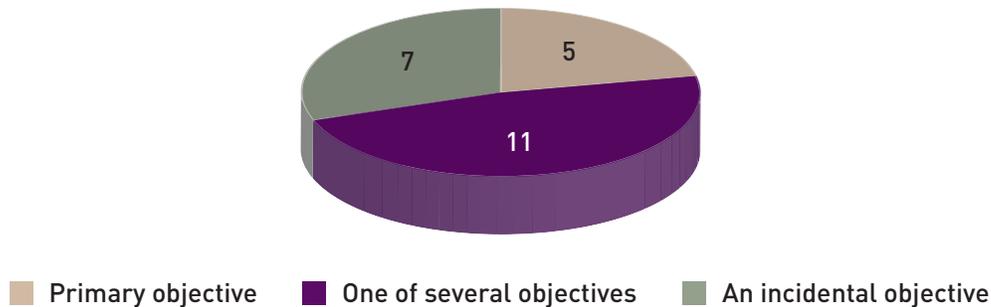


FIGURE 4: Child Marriage Prevention as a Deliberate Objective in Programs

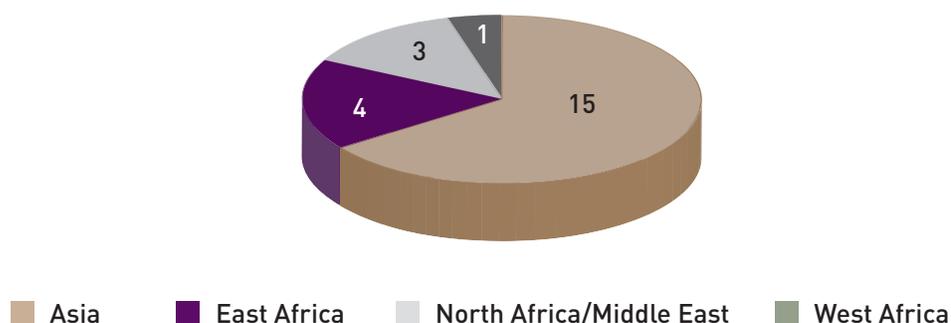
In contrast, programs with child marriage as the primary objective often had a strong advocacy and/or community-based focus. This focus ranged from national advocacy and legislative efforts to more regionally concentrated, intensive and high quality programs in countries with strong local will and capacity along with committed international partners. The Berhane Hewan program in Amhara, Ethiopia and the Maharashtra Life Skills Program in India fall into this category.

However, for almost half (11 of 23) of programs, delaying marriage was one of several programmatic objectives. Generally, child marriage prevention goals were tied to broader educational, reproductive health, livelihoods, and empowerment objectives. Several of these programs were funded by foundations, including the Packard Foundation, the Mellon Foundation, and the Nike Foundation, aiming to foster innovation by addressing gender issues in a larger context. Other efforts were supported by USAID and UNICEF with the same goal. These programs were usually implemented and evaluated by local organizations in partnership with international NGOs, including ICRW, the Population Council, Pathfinder, CEDPA, and Save the Children, committed to broader empowerment goals for girls. In Bangladesh, BRAC has been an important catalyst for such programs, often collaborating with international agencies on funding, design and evaluation.

Our study found the vast majority of evaluated programs were implemented in Asia—mostly in South Asia—which previous reviews also confirm. Only one program was in West Asia (Afghanistan) and one in Southeast Asia (Indonesia). Figure 5 shows that 15 of the 23 programs were in Asia, four in East Africa, three in North Africa/Middle East, and one in West Africa. Overall the 23 programs were located in 11 unique countries. The largest number was in Bangladesh (7) and India (5), followed by Ethiopia (2) and Egypt (2). Our findings match those of Jain & Kurz (2007) in that the geographic distribution of interventions does not coincide fully with countries that have the highest

proportions of girls marrying before age 18. In particular, the number of evaluated programs is very limited in West Africa where several countries (e.g., Chad, Mali, Niger and Senegal) have around 70 percent of girls marrying younger than age 18. On the other hand, the heavy concentration of programs in South Asia, particularly in India and Bangladesh, coincides with both the proportion and the *number* of girls marrying below age 18. As noted earlier, South Asia is home to the largest number of child brides.

FIGURE 5: Geographic Distribution of Programs



PROGRAM STRATEGIES

In our systematic review of 23 evaluated programs, we identified five main strategies for delaying marriage or preventing child marriage. These strategies and how frequently they were used are highlighted in Table 1. It is important to note that most programs employ multiple strategies, the most frequent combination being strategy 1 and 2 (11 programs), followed by strategy 1 and 3 (7 programs) and strategies 1 and 4, as well as 2 and 3 (5 programs each). We discuss these strategies, their rationale, key elements and the specific programs deploying them in more detail below.

TABLE 1: Program Strategies

PROGRAM STRATEGY	NUMBER OF PROGRAMS
1. Empowering girls with information, skills, and support networks	18
2. Educating and mobilizing parents and community members	13
3. Enhancing the accessibility and quality of formal schooling for girls	9
4. Offering economic support and incentives for girls and their families	8
5. Fostering an enabling legal and policy framework	4

1. Empowering girls with information, skills and support networks

The vast majority (18 of 23) of evaluated programs in our review concentrate on girls themselves, focusing on training, building skills, sharing information, creating safe spaces and developing support networks. The main rationale behind this set of interventions is to equip young girls to better know themselves, their world and their options and to end their social and economic isolation, enabling them to act and advocate for themselves, in both the short- and long-term. A related rationale is that girls with more human and social capital will aspire to jobs and enterprises as alternatives to marriage. They will also be viewed differently by parents and community members, making it unacceptable to marry them at young ages and thus helping to change norms around child marriage. At least for the duration of the programs, these activities may also serve as socially acceptable alternatives to marriage, something often lacking in communities with high rates of child marriage.

Thus, typically, such programs incorporate the following range of interventions:

- Life skills training to teach girls about health, nutrition, money, finance, legal awareness, communication, negotiation, decision-making and other relevant topics.

PROGRAM EXAMPLES: Kishori Abhijan (Bangladesh), Maharashtra Life Skills Program (India)

- Vocational and livelihoods skills training to equip girls for income generation activities.

PROGRAM EXAMPLES: Community-Based Rural Livelihoods Programme (Afghanistan), Employment and Livelihood for Adolescents (ELA) Centers (Bangladesh)

- Sexual and reproductive health training (may be incorporated under life skills).
PROGRAM EXAMPLES: Better Life Options Program (India), School-based HIV/AIDS program (Kenya), PRACHAR (India)
- Information, education, communication (IEC) campaigns—using various platforms—to convey messages about child marriage, schooling, rights, reproductive health and other topics.
PROGRAM EXAMPLES: Adolescent Participatory Project (Nepal), PRACHAR (India)
- Mentoring and peer group training to youth leaders, adults, teachers, etc. to provide ongoing information and support to girls.
PROGRAM EXAMPLES: Development Initiative Supporting Healthy Adolescents (DISHA) (India), Berhane Hewan (Ethiopia)
- “Safe spaces” or forums, clubs and meetings that allow girls to meet, gather, connect and socialize outside the home.
PROGRAM EXAMPLES: Ishraq (Egypt), DISHA (India)

The age of girls targeted in such programs can range from 10-24, depending on the specific intervention components involved. These are largely community-based programs where program implementers reach out to girls through community channels and school systems. Program components may be provided in conjunction with schools, or outside of school settings, and may or may not involve boys of similar age groups. For example, the PRACHAR program worked with young people of both sexes. Several programs see delayed marriage as part of an overall effort to empower girls and include most of the intervention components. The DISHA, Ishraq and Better Life Options (BLP) programs are examples of this comprehensive approach. Several of these and other programs, such as BRAC’s Kishori Abhijan and the Employment and Livelihood for Adolescents (ELA) programs in Bangladesh, also incorporate some type of livelihoods skills component in an effort to further build girls’ human capital and prepare them for income-earning opportunities. Most importantly, however, these community-based programs are almost always implemented in conjunction with strategy 2, educating and mobilizing parents and community members.

Several programs that focus on empowering girls with information, skills and support systems have documented notable changes in knowledge, attitudes and behavior related to child marriage within only a few years, although none attribute these changes to any specific intervention component in the overall strategy.

2. Educating and mobilizing parents and community members

Parental and community engagement is the second most frequently used strategy, employed by 13 of 23 programs. As mentioned, this strategy usually accompanies other approaches described here, especially strategy 1. The primary motivation behind this strategy to “create an enabling environment” is the understanding that the decision to marry girls early is generally in the hands of family and community elders, and that the resulting stigma and sanctions for failing to meet social expectations are administered by the broader community. Girls rarely have the power to decide on their own if, when or whom to marry. Thus, parental education and community mobilization attempt to change social norms and forge a more supportive, less punitive environment for girls and families who are willing and ready to change the custom of early marriage. Enlisting parents and community members helps to mitigate possible unintended consequences of girls’ participation in programs, and also reinforces a program’s messages and activities.

Programs employing this strategy include the following range of interventions:

- One-on-one meetings with parents, community and religious leaders to gain support.

PROGRAM EXAMPLES: Ethiopia Early Marriage Evaluation Study (EMES) (Ethiopia), Kishori Abhijan (Bangladesh)

- Group and community education sessions on the consequences of and alternatives to child marriage.

PROGRAM EXAMPLES: Ishraq (Egypt), PRACHAR (India)

- Parental and adult committees and forums as guides to life skills and sexual and reproductive health curricula.

PROGRAM EXAMPLES: Adolescent Participatory Project (Nepal), Maharashtra Life Skills Program (India)

- Information, education, communication (IEC) campaigns—using various platforms—to convey messages about child marriage, schooling, rights, reproductive health and other topics.

PROGRAM EXAMPLES: Integrated Action on Poverty and Early Marriage (IAPE) (Yemen), Gender Quality Action Learning Program (GQAL) (Bangladesh)

- Public announcements and pledges by influential leaders, family heads, and community members.

PROGRAM EXAMPLES: Tostan (Senegal)

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.

The power of community mobilization can perhaps be best assessed by examining the few programs that have taken on community mobilization as their core activity. On the whole, such evaluations demonstrate success, although their designs do not conform to the highest level of methodological rigor, which in itself presents a significant challenge for broad-based community interventions. In this category is the Integrated Action on Poverty and Early Marriage program in Yemen, which sponsored a campaign to raise awareness of parents, grandparents and youth about the consequences of early marriage. The advocacy efforts were instrumental in the introduction of a minimum legal age of marriage in Yemen. The Tostan approach implemented in Senegal does not focus on legal change, and is instead built around informal community education and awareness-raising that facilitates community mobilization, sometimes in the form of public declarations against harmful practices, such as female genital cutting and early marriage. Tostan boasts a large number of converted communities through documented pledges but finds less conclusive results on actual declines in child marriage.

3. Enhancing the accessibility and quality of formal schooling for girls

Research shows that girls' education is strongly associated with delayed marriage. Girls with secondary schooling are up to six times less likely to marry as children when compared to girls who have little or no education (UNICEF 2007). The causality of this relationship is debated, although more recent research suggests that being out of school puts girls at risk of marriage rather than marriage being a reason for girls being pulled out of school (Lloyd 2006). Schooling is protective against marriage for at least two reasons. Normatively, simply being in school helps a girl to be seen as a child, and thus not marriageable. Other than home, schools can be seen as a "safe space" for girls. This seems to be largely the case, even with continued parental concerns about violence or sexual harassment in many settings. Thus, as it becomes a socially acceptable alternative, school attendance helps to shift norms about early marriage. Additionally, the experience and content of schooling help girls to develop social networks and acquire skills and information, all of which contribute to their ability to better communicate and negotiate their interests. For parents and society, better quality and secondary education may make the returns to human capital investment in girls more obvious and justifiable.

For all these reasons, formal schooling should have emerged as one of the strongest program interventions to prevent child marriage, especially given the existing momentum toward universal schooling and increased emphasis on secondary education. Past reviews, however, have found this strategy to be under-utilized as a route to child marriage prevention (Jain & Kurz 2007; Mukherjee 2008). In this review, we find encouraging signs of an increasing number of programs employing formal schooling as a means

to delay marriage, although several continue to be driven by communities rather than school systems. Of the 23 evaluated programs, nine addressed early marriage by improving opportunities for girls to attend and stay in school or by investing in the content or quality of girls' formal education.

Programs employing this strategy tend to use the following interventions:

- Preparing, training and supporting girls for enrollment or re-enrollment in school.
PROGRAM EXAMPLES: Berhane Hewan (Ethiopia), Ishraq (Egypt)
- 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.
PROGRAM EXAMPLES: School-based HIV/AIDS Program (Kenya), BRAC Adolescent Development Program (Bangladesh), Adolescent Participatory Project (Nepal)
- Building schools, improving facilities (especially for girls), and hiring female teachers.
PROGRAM EXAMPLE: Community-based Rural Livelihoods program (Afghanistan)
- Cash, scholarships, fee subsidies, uniforms and supplies as incentives for girls to enroll and remain in school.
PROGRAM EXAMPLES: Zomba Cash Transfer Program (Malawi), Female Secondary School Stipend Program (Bangladesh)

Most of these interventions can be mobilized at large scale by the education sector, but thus far the connection with delayed marriage in preparing girls for school, improving school curriculum and building schools is being forged largely by external actors, including community and gender advocates, NGOs, and the HIV/AIDS and reproductive health sectors. For the most part, such interventions have yet to go to scale or be fully integrated into the educational system. These programs are generally yielding positive outcomes on delaying marriage, and the increasing evidence base may provide the necessary momentum for such integration. Only one of these interventions with evaluated impact on child marriage focuses on infrastructural issues. The Community-based Rural Livelihoods program in Afghanistan lobbied the provincial and district governments to establish more schools and recruit teachers, constructed two schools, invested in hiring and training female teachers, and provided public health and hygiene classes in schools. Most other programs concentrated on working with girls to facilitate enrollment or with the school system to introduce new curriculum.

SUMMARY TABLE: Evaluated Child Marriage Prevention Programs: 1973-2009*

COUNTRY, PROGRAM AND EVALUATION PERIOD	ORGANIZATIONS**	POPULATION REACHED	PROGRAM STRATEGY	OBJECTIVE	EVALUATION RIGOR AND RESULTS
1. AFGHANISTAN Community-Based Rural Livelihoods Programme 2003-2006	Oxfam, Swiss Agency for Development Cooperation	5,001-15,000		3	KNOWLEDGE/ATTITUDES: Positive BEHAVIOR: Positive
2. BANGLADESH Adolescent Reproductive and Sexual Health (ARSH)/ KAISHAR 2004-2008	Save the Children USA, Associates for Community and Population Research (ACPR), Ministry of Health and Family Welfare	less than 5,000		2	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Mixed
3. BANGLADESH Adolescent Reproductive Health Education Intervention 1995-1999***	BRAC	15,001-30,000		2	KNOWLEDGE/ATTITUDES: Positive BEHAVIOR: N/A
4. BANGLADESH BRAC Adolescent Development Program 1993-2009***	BRAC, Rajshahi University	60,000 +		3	KNOWLEDGE/ATTITUDES: Positive BEHAVIOR: N/A
5. BANGLADESH ELA Centers 2005-2007***	BRAC, Nike Foundation	30,001-60,000		2	KNOWLEDGE/ATTITUDES: No change BEHAVIOR: Positive
6. BANGLADESH Female Secondary School Stipend Program 1992-1996***	Bangladesh government, BRAC, Population Council, World Bank	60,000+		2	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Mixed
7. BANGLADESH Gender Quality Action Learning Programme 2005-2006	BRAC	less than 5,000		3	KNOWLEDGE/ATTITUDES: Mixed BEHAVIOR: N/A
8. BANGLADESH Kishori Abhijan 2001-2003	BRAC, CMES, Bangladesh Institute of Development Studies, Population Council, UNICEF	5,001-15,000		2	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Mixed
9. EGYPT Ishraq 2001-2004***	Caritas, CEDPA, Population Council, Save the Children, Ministry of Youth, National Council for Childhood and Motherhood	less than 5,000		2	KNOWLEDGE/ATTITUDES: Mixed BEHAVIOR: Positive
10. EGYPT New Horizons 1999-2002	CEDPA, North South Consultants Exchange, USAID	15,001-30,000		2	KNOWLEDGE/ATTITUDES: Mixed BEHAVIOR: N/A
11. ETHIOPIA Berhane Hewan 2004-2006***	Ethiopian Ministry of Youth and Sport, Amhara Regional Bureau of Youth and Sport, Population Council, UNFPA, UN Foundation, Nike Foundation	less than 5,000		1	KNOWLEDGE/ATTITUDES: No change BEHAVIOR: Mixed
12. ETHIOPIA Early Marriage Evaluation Study (EMES) 2004-2007	World Learning, Pathfinder, USAID	less than 5,000		3	KNOWLEDGE/ATTITUDES: Mixed BEHAVIOR: No change

SUMMARY TABLE: Evaluated Child Marriage Prevention Programs: 1973-2009* *continued*

COUNTRY, PROGRAM AND EVALUATION PERIOD	ORGANIZATIONS**	POPULATION REACHED	PROGRAM STRATEGY	OBJECTIVE	EVALUATION RIGOR AND RESULTS
13. INDIA Development Initiative for Supporting Healthy Adolescence (DISHA) 2005-2007	ICRW, 6 local NGOs, Packard Foundation	5,001-15,000		2	KNOWLEDGE/ATTITUDES: Positive BEHAVIOR: Positive
14. INDIA Maharashtra Life Skills Program 1998-1999	Institute for Health Management-Pachod, ICRW, Rockefeller Foundation, Ford Foundation	less than 5,000		1	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Positive
15. INDIA PRACHAR 2002-2005***	Pathfinder International, Packard Foundation, UNFPA, Government of Bihar, over 30 local partners	60,000 +		2	KNOWLEDGE/ATTITUDES: Mixed BEHAVIOR: Positive
16. INDIA Tubewell Intervention 1973-1982	Rockefeller Foundation	less than 5,000		3	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Positive
17. INDIA Better Life Options Program 1989-1999***	CEDPA, 4 local organizations, USAID	5,001-15,000		2	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Positive
18. INDONESIA Indonesia's Marriage Law (1974) 1960-1985	Government of Indonesia, Southwestern University School of Law	60,000+		1	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: No change
19. KENYA School-based HIV/AIDS Program 2003-2005	Kenya Ministry of Education, Science and Technology, International Child Support, World Bank, Partnership for Child Development, MIT	60,000+		3	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Positive
20. MALAWI Zomba Cash Transfer Program 2007-2009	World Bank, Government of Malawi	less than 5,000		3	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Mixed
21. NEPAL Adolescent Participatory Project 1999-2003	ICRW, EngenderHealth, 9 Nepali organizations, Mellon Foundation	less than 5,000		2	KNOWLEDGE/ATTITUDES: N/A BEHAVIOR: Mixed
22. SENEGAL Tostan 1996-2002***	Tostan, Center for Research in Human Development, Population Council, Macro International, UNICEF, Government of Italy, Government of the Netherlands	60,000+		1	KNOWLEDGE/ATTITUDES: Positive BEHAVIOR: Mixed
23. YEMEN Integrated Action on Poverty and Early Marriage (IAPE) 2005-2008	Oxfam, Danida	5,001-15,000		1	KNOWLEDGE/ATTITUDES: Positive BEHAVIOR: N/A

Empowering girls with information, skills, and support networks

Educating and mobilizing parents and community members

Enhancing the accessibility and quality of formal schooling for girls

Offering economic support and incentives for girls and their families

Fostering an enabling legal and policy framework

■ Primary Approach ● Secondary Approach

EVALUATION RIGOR

■ Less Rigorous

■ Moderately Rigorous

■ More Rigorous

OBJECTIVE

Child marriage prevention as:

- 1) primary objective;
- 2) one of several objectives; or
- 3) an incidental objective

* Continuing programs were evaluated for specific intervention periods; the evaluations were published between 1991-2010

** Organizations include implementing agencies, donors, and research partners, with some organizations playing overlapping roles.

*** Program continues through present.

In contrast, interventions focused on subsidies, scholarships and cash incentives have full engagement with governments and school systems, and may even emerge from the education sector. For this reason, they tend to reach larger numbers of beneficiaries. However, few national or local incentive programs have been designed with preventing child marriage in mind; thus, viable evaluations are difficult to undertake. The Zomba Cash Transfer program in Malawi has evaluated the role of conditional cash transfer programs for changing schooling, marriage, and sexual behaviors of adolescent girls in Malawi. In a study published in 2010, the authors find that girls who were *not* in school at the beginning of the program, and were offered conditional cash transfers, were 40 percent less likely to marry after one year than girls in the control group—suggesting that in this setting, schooling does have a protective effect for girls who are at higher risk of early marriage and pregnancy.

The Female Secondary School Stipend program in Bangladesh is the only example of an evaluation of a large-scale program initiated by the education sector of a national government *with* the explicit intention of delaying marriage. The program's primary aim is to increase girls' secondary school enrollment and retention, and it has made significant progress in doing so. But it is one of the very few education programs that aimed to delay marriage by keeping girls in school. An evaluation of the program between 1992 to 1995 found that the program had an "immediate and significant effect in delaying marriage"; however, this study is limited to two villages in Bangladesh. The overall impact of the program on age of marriage at a national level is inconclusive in the absence of a comparison group, and Demographic and Health Surveys show relatively little change in the average age of marriage in the country since the program started (16.4 in 2007 compared to 15.3 in 1994).

4. Offering economic support and incentives for girls and their families

Poverty and the lack of viable income-generating options for girls and young women are important factors contributing to high child marriage rates. Increasingly, programs are beginning to address this economic motivation for families to marry daughters at an early age. Eight of the 23 programs employed this strategy for child marriage prevention. The rationale behind this approach is that immediate economic opportunities would provide an acceptable alternative to marriage and increase the value and contribution of the daughter to her parental family. Furthermore, direct cash in the hands of families may increase their sense of economic security or allow for upward mobility. This reduces both the economic and social pressure to marry a daughter early. These financial incentives are sometimes tied to educational investments in daughters and/or to the condition that they not marry until age 18.

Programs employing this strategy include two primary interventions:

- Microfinance and related training to support income generation by adolescent girls.
PROGRAM EXAMPLES: ELA Centers (Bangladesh), IAPE (Yemen)
- Cash and non-cash incentives, subsidies, loans and scholarships to families or girls.
PROGRAM EXAMPLES: Zomba Cash Transfer Program (Malawi), School-based HIV/AIDS Program (Kenya), Tubewell Loan/Subsidy Program (India)

The provision of income-generating options for girls is an especially acute need in very poor settings such as Afghanistan, Bangladesh and Yemen. Microfinance—credit and savings—along with training in basic business skills and age-appropriate economic activities, such as agriculture and farming, craftsmanship, tailoring and sewing, and finance and banking, is emerging as a route to help girls support themselves and their families. However, this may not be a viable intervention in many settings given how such activities can conflict with a girl’s pursuit of secondary schooling and given the legal and banking rules in most countries that prevent loans to minors. Moreover, credit providers are concerned that sooner or later the adolescent girl will marry and move, leaving little security for loan repayment.

It is only in countries like Bangladesh, where organizations such as BRAC, have well-developed, nationwide microfinance platforms and broad community and repayment infrastructure, that such an approach can flourish for significant numbers of young women. For example, ELA Centers, run by BRAC, successfully provide group formation for microfinance as well as skills-based income-generating activities for youth because even after marriage, a young woman can find an ELA center near her new home. While the intervention has not created attitudinal change yet, it has resulted in delayed marriages.

Some programs address economic factors by working primarily with parents of girls who are at risk for early marriage. In the 1970s, a program to provide loans and subsidies to poor farmers for tubewell installation in India experimented with this approach. It documented a greater drop in early marriage for girls in participating households compared to non-participating households, although the precise mechanism by which the intervention resulted in this outcome is not clear. In addition to the secondary school stipend scheme, the government of Bangladesh also provides 15 kilograms of wheat each month to poor families if they enroll their children in primary school and maintained at least 85 percent attendance. The Berhane Hewan program in Ethiopia incentivized families with a goat, contingent on the daughter not marrying during the program. The program’s success is leading to its further testing in Ethiopia and other East African countries to inform future scale-up efforts. In a forthcoming study, the Zomba Cash Transfer program in Malawi compared the role of conditional versus unconditional cash transfers

among girls who were enrolled in school at the beginning of the intervention, and found that unconditional cash transfers had a much greater impact on reducing the likelihood of being married at the end of the two-year program than conditional cash transfers did—almost entirely due to the effect of unconditional cash transfers among girls who dropped out of school during the course of the program. The implication of this finding is that among those who are likely to drop out of school, having additional income is a critical determinant of their ability to delay marriage.

5. Fostering an enabling legal and policy framework

Many countries with high rates of child marriage have laws prohibiting the practice, and over the years policy efforts to further strengthen and/or enforce such laws have been initiated. However, 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. Our review identified only four programs with evaluations for this strategy. Of these, three programs had a multi-strategy approach, combining legal advocacy with other community or girl-focused approaches.

Programs employing this strategy include the following range of interventions:

- Establishment or reform of legal minimum age of marriage.
PROGRAM EXAMPLES: Indonesia's 1974 National Marriage Act (Indonesia)
- Advocacy among community members and government officials for new policies and enforcement of existing laws/policies. Raising awareness among these groups about the negative consequences of child marriage.
PROGRAM EXAMPLES: EMES (Ethiopia), Community-Based Rural Livelihoods Program (Afghanistan), IAPE (Yemen)

Only one study evaluated the impact of a legal reform: Indonesia's 1974 National Marriage Act. The results indicate that there was no significant deviation from the "secular decline" in the number of child marriages from 1960 to 1985. In Yemen, Oxfam and its partners implemented a campaign to raise awareness regarding some of the worst consequences of child marriage. In Afghanistan, the Community-based Rural Livelihoods Program formed groups of women to mobilize for action on issues such as local marriage and strengthened "shuras" (local governance structures) to respond to gender issues and the problem of child marriage. In these cases, the contribution of this particular strategy to program success cannot be untangled from other intervention components.

EVALUATION APPROACH AND METHODOLOGIES

Program evaluations were examined for changes in knowledge, attitudes and behaviors related to child marriage among girls at risk, parents, community members and officials. The metrics of success include:

- Increase in knowledge of negative consequences related to child marriage;
- Increase in ideal age of marriage for girls;
- More supportive attitudes for girls having a decision-making role in marriage;
- Increase in age at marriage for girls (and boys); and
- Smaller proportions of girls marrying before age 18.

To assess success on these outcomes, the vast majority of evaluations collected quantitative data; several relied exclusively on qualitative data; and many used mixed methods to corroborate and elucidate their findings.

The degree of rigor used in the design and analysis of these interventions and their evaluation varied considerably. Quasi-experimental designs were the most commonly used. 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. Few used experimental or observational designs. Some evaluators compensated for the limitations of imperfect program designs, selection bias or the lack of baseline data by using creative data collection methods or statistical techniques. For example, evaluators of the School-Based HIV/AIDS Prevention Program in Kenya used an inventive data collection technique to minimize the loss of girls who had married during the intervention for its endline survey. Evaluators would read aloud the names of those who had been present at baseline in classrooms of upper-level students, and, if the individual was absent, asked the students to confirm whether or not he/she was married. Similarly, the DISHA evaluation used propensity score matching to compensate for the lack of endline data from its control areas due to flooding.

The evaluations were conducted by organizations with varying degrees of involvement in program implementation. Some evaluations, like Berhane Hewan in Ethiopia and the Adolescent Participatory Project in Nepal, were conducted by the Population Council and ICRW, respectively, which were heavily involved in program design and implementation. Other evaluations, like those of the New Horizons Program in Egypt and the Bangladesh Secondary School Stipend Program, were conducted by independent organizations who were not involved in design or implementation. Independent evaluations offer an objective

assessment of program impact, but they can also be more of a “black box,” lacking the contextual grounding to illuminate the results, especially mixed or null results. In contrast, evaluations by organizations grounded in the program have the potential for bias, but also have greater potential to shed light on how change occurs in that context.

FIGURE 6: Results: Change in Knowledge/Attitudes by Evaluation Rigor

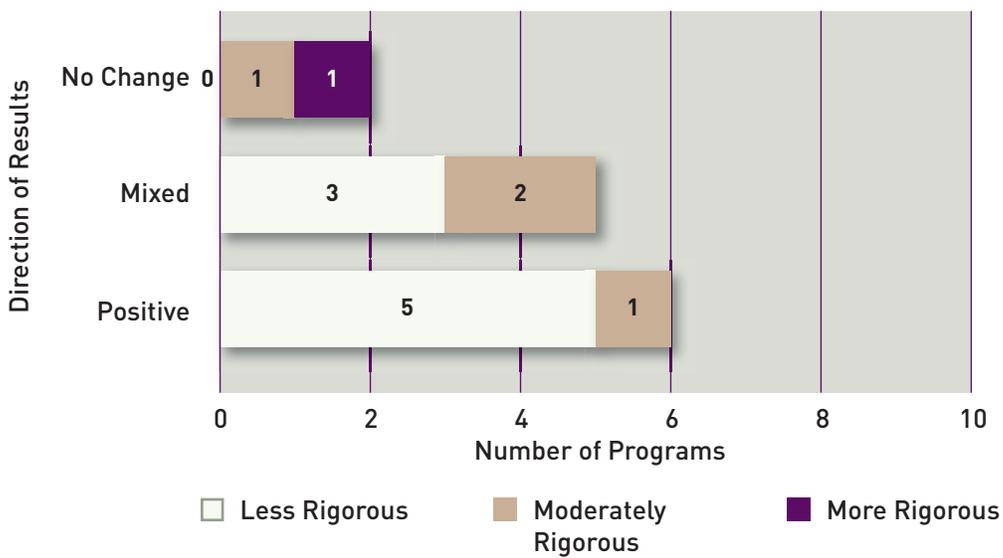
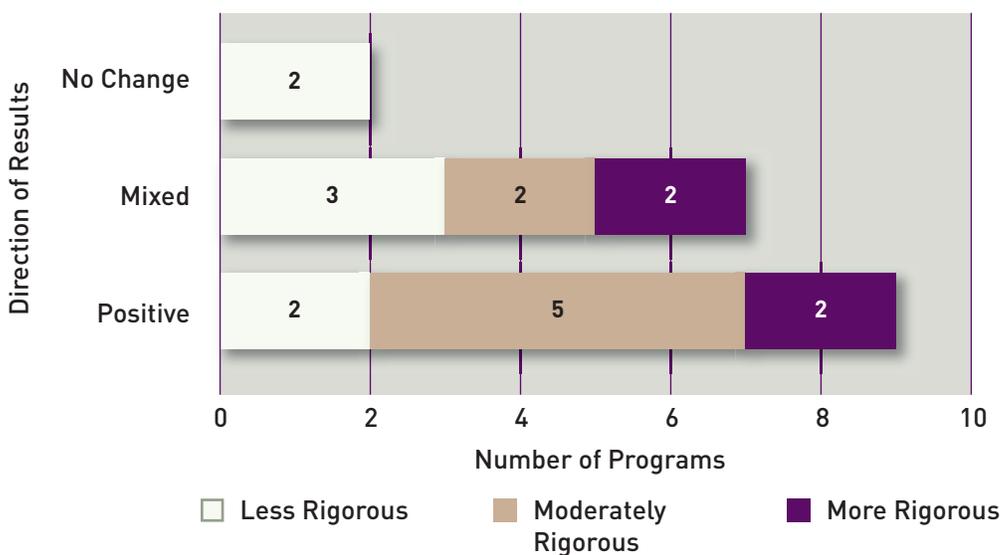


FIGURE 7: Results: Change in Behavior by Evaluation Rigor



EVALUATION RESULTS

Figure 6 presents results for knowledge and attitudinal change as documented by the 13 programs that focused on these types of outcomes. Results tend to lean positive, but are not conclusive. Two-thirds of the evaluations testing impact on knowledge and attitudes about child marriage prevention used less rigorous methodologies, and six out of 13, or about half, documented positive results. Five evaluations documented mixed results, while two documented no change. Contrary to the general impression that knowledge and attitudes concerning child marriage change more readily than behavior, evaluation results suggest these goals may be harder to achieve or to measure.

In contrast, results for behavior change related to delayed marriage are more positive, and the evaluation rigor is stronger as well (see Figure 7). Behavioral outcomes were measured by 18 evaluations, with positive results for nine, mixed results for seven, and no change for two programs. Eleven of the 18 evaluations applied at least moderately rigorous methodologies, using some baseline-endline comparison and a control group, or compensating for imperfect data statistically or through triangulation.

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. This includes, for example, the legislative efforts in Indonesia or the Gender Quality Action program in Bangladesh, both of which documented null or modest results, respectively. It is likely that community mobilization activities serve a better support role to the other strategies and are not most effective when delivered alone.

The strongest results were documented by programs that worked directly with girls to empower them with information, skills and resources. This includes programs such as the Maharashtra Life Skills program in India (positive results) and Berhane Hewan in Ethiopia (positive results for the 10-14 age group). Both programs have strong evaluations and well-designed interventions that address key drivers of child marriage. Programs that focused on girls with positive/mixed results also include DISHA in India, Ishraq in Egypt, PRACHAR in India, and the Adolescent Participatory project in Nepal. Typically, these programs were developed from the ground up and continuously modified and refined by local and international organizations with several years of experience with child marriage prevention activities.

A second category of promising new programs is emerging from a different constituency, one that has recently begun to pay attention to the issue of child marriage. These programs are larger scale, school and incentive-based programs that involve national ministries, multilateral agencies like the World Bank, and experts from the health or education sectors. They also utilize some of the most rigorous evaluation methodologies by social science standards. For example, the Zomba Cash Transfer Program in Malawi and the School-based HIV Program in Kenya both test the impact of incentives and girls' enrollment and retention

in delaying marriage. As evaluations for such programs are just emerging, there is not a critical mass of results that provide concrete and reliable guidance. Moreover, the results for both the Malawi and Kenya programs are encouraging, but not definitive. In Malawi, the impact of various strategies (conditional versus unconditional cash transfers) on delayed marriage varied by sub-group; in Kenya, the incentive delayed marriage for girls by 12 percent but delayed it for boys by 40 percent. Despite their mixed results, these interventions focus on two fundamental drivers of child marriage—lack of schooling and poverty—and they offer the promise of scale, which has been so difficult to achieve for community-based, girl-focused programs.

CONCLUDING INSIGHTS

The 23 programs included in this systematic review give us a rich understanding of how solutions to the problem of child marriage have evolved over the last two decades. Based on this learning, we discuss here some of the key challenges and opportunities that programs and evaluations on child marriage prevention face going forward.

1. DEPTH VERSUS SCALE AND SUSTAINABILITY

The strongest or most promising programs in terms of evaluation approach and results present two extremes. Long-term, meticulously developed child marriage prevention programs tend to be comprehensive because they aim to change deeply entrenched social and cultural practices. The results suggest that, with some qualifications, this strategy is working. However, there is a possibility that the results may be temporary and simply a response to a heavy dose of the intervention. Moreover, the program's complexity may limit sophisticated evaluation, and program costs and infrastructural demands may make scale and sustainability unlikely. In fact, most successful programs focused on a combination of girls and communities have yet to scale up, with the possible exception of PRACHAR in India because of its partnership with the state government.

In contrast, the newer school and incentive-based programs bring a combination of established rigor and intervention simplicity: cash or in kind gifts in return for school attendance and/or delayed marriage. These programs also are already part of government ministries and other platforms designed for scale. On the other hand, these program implementers have limited understanding of and commitment to delaying marriage, *per se*. Several programs identified child marriage as an incidental outcome or as one of many measurable outcomes.

Programs to prevent child marriage must find the right balance between the desire for depth and the promise of scale and sustainability. As new programs are forged, they need to rely on experts in the field of child marriage to ensure that the richness of experience

and understanding gained from comprehensive programs is incorporated into these efforts. But new efforts will also require exploring platforms, partnerships, resources in the education, health, and economic sectors—both with governments and the private sector actors—to launch large-scale, sustainable interventions.

2. EVALUATION RIGOR

Many evaluations in our review did not use an experimental or quasi-experimental design, and therefore do not have a control group with which to compare results. Thus, the observed changes cannot be conclusively attributed to the intervention alone. And yet, researchers increasingly acknowledge that interventions aiming for community-based social change are not ideally suited for traditional randomized methodology. In the realm of child marriage prevention, more creative evaluation approaches may be necessary to effectively understand and appreciate the extent to which the desirable change has materialized. Researchers, implementers and donors working in the field will have to decide whether they are wedded to positivist social science or are willing to explore emerging thinking on “systems change” and “collective impact,” which may be better suited to the endeavor of child marriage prevention (Kania & Kramer 2011; Community of Science 2011).

3. TIME HORIZON

Most programs were implemented and evaluated within limited time horizons, although it is noteworthy that several have evolved through multiple phases and continue to deliver services. For programs that showed null results, it is possible that the evaluation occurred too soon after the intervention or the target age group did not have time to properly “age in” to the outcome of interest. For some programs that showed positive results in a short time frame, such as the Zomba Cash Transfer Program’s results after two years, it is unclear whether such results would be sustainable over time. Social change processes can take many years or even generations to take root, and studies covering time periods of even five or 10 years may not capture the “true” changes.

And yet, when the momentum is there, social change can happen with lightning speed. The practice of child marriage practically disappeared from many East Asian countries within two to three decades, largely due to the process of social, economic and policy changes. In countries where it continues, waiting 10 years for a discernable shift means the loss of half a generation of girls to child marriage. Given the urgency of the problem, it may well be desirable to move beyond standard programmatic interventions and consider more innovative social change mechanisms, including the power of 21st century technologies for communication, connection, education, and mobilization, to speed up the process of change.

4. SELECTION BIAS AND TIPPING POINT

Many evaluations faced an important challenge. Given the community-based origin and disposition of most interventions, program participation tended to be voluntary, creating selection bias for evaluation design. To the extent that individuals choosing to participate in programs are already inclined to delay marriage, positive results are likely to be upwardly biased. Many studies used a variety of methods to control for this potential bias, but the generalizability of results may be limited nevertheless. However, from the perspective of achieving intervention success, pre-disposal to delay marriage may be a most desirable attribute. In fact, innovation and diffusion theories suggest that enrolling these “pioneers” or “positive deviants” who are ready to break with the status quo may be the surest way to social change (Malhotra et al. 2009). Unlike the average person, they have the inclination and the courage to break the rules. Once enough pioneers show the way, new attitudes and behavior can diffuse rapidly across a large population, generally without any additional intervention effort. The challenge then is to reconcile which model of change we expect the eradication of child marriage to follow: intervention delivery to the average individual (per our evaluation requirements), with multiple rounds of replication and scale up, or intervention delivery to pioneers, and then reliance on diffusion to reach a tipping point.

SUMMARY OF FINDINGS

- 1** Over the last decade, child marriage programs have expanded in number and scope, with a critical mass of 23 program evaluations now available to provide guidance for future action and investment.
- 2** Only a few programs focused exclusively on child marriage. For most programs, child marriage was a goal entwined with achieving other health, welfare, or empowerment outcomes for adolescents and youth.
- 3** Evaluated child marriage programs are heavily concentrated in South Asia, with Bangladesh and India topping the list. Countries in Africa and the Middle East, such as Ethiopia and Egypt, also are contributing to the evidence base.
- 4** Programs have deployed a set of five core strategies to prevent child marriage:
 - Empowering girls with information, skills and support networks
 - Educating and mobilizing parents and community members
 - Enhancing the accessibility and quality of formal schooling for girls
 - Offering economic support and incentives for girls and their families
 - Fostering an enabling legal and policy framework

5 On balance, the results from a combined review of program evaluations lean toward positive findings. The strongest, most consistent results are evident in a subset of programs fostering information, skills and networks for girls in combination with community mobilization.

6 Many child marriage prevention programs are only beginning to explore possibilities of scale-up, but there are encouraging signs that large-scale structural efforts aimed at other goals such as education, health and poverty reduction, are beginning to make a connection with child marriage prevention. A smaller, but increasing set of such programs is providing tentative but promising evaluation results.

AGENDA FOR FUTURE ACTION

- Find the right balance between depth versus scale and sustainability by relying on the experience of child marriage prevention experts, and also exploring new government and private sector platforms and partnerships in the education, health and economic sectors.
- Explore alternative evaluation models that are better suited to the goals of social change, by tapping into emerging concepts such as “systems change” and “collective impact.”
- Consider strategies beyond standard programmatic interventions, especially innovative social change mechanisms to speed up the pace of change, such as the power of 21st century technologies for communication, connection, education and mobilization.
- Reconcile which model of change we expect the eradication of child marriage to follow: intervention delivery to the average individual followed by replication and scale up, or intervention delivery to pioneers, and reliance on diffusion to reach a tipping point.

PROGRAM AND EVALUATION REFERENCES

AFGHANISTAN

Community-Based Rural Livelihoods Programme

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BANGLADESH

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- Save the Children (2009)c
- Save the Children (2009)d

Adolescent Reproductive Health Education Intervention

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BRAC Adolescent Development Program

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ELA Centers

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Female Secondary School Stipend Program

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Gender Quality Action Learning Programme

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Kishori Abhijan

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- Amin (2005)
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EGYPT

Ishraq

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- Ringler (2009)
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New Horizons

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ETHIOPIA

Berhane Hewan

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INDIA

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Maharashtra Life Skills Program

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INDONESIA

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KENYA

School-based HIV/AIDS Program

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MALAWI

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SENEGAL

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YEMEN

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