

Research Spotlight: Successful multisectoral and multilevel approaches to address child marriage



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PICTURED: Benadean in Kenya: “If parents educated their daughters instead of marrying them for dowry, they would [be] able to earn more money with their education.”
PHOTO: © UNICEF/UN0124871/Ohanesian

This Research Spotlight summarises the latest research and evidence on successful multisectoral and multilevel approaches to address child marriage. It includes key takeaways from featured studies, highlights current evidence gaps and under-researched geographical areas, outlines where evidence needs to be strengthened, and draws attention to where more funding is needed. It also includes a collection of tools for practitioners to strengthen the design and implementation of child marriage programming.

Key terms

Multisectoral approaches aim to address one problem – like child marriage – by working across different sectors, including health, education and child protection.¹

Multilevel approaches aim to address one problem by working at the different socio-ecological levels that affect individuals. These include the individual level (working with girls themselves), the interpersonal level (working with families and peers), the community level, the systems level (that provides services such as education and health care) and the policy and legislative level.²

1. UNFPA-UNICEF Global Programme to End Child Marriage, 2020, [Technical note on convergent programming](#)
2. UNFPA-UNICEF Global Programme to End Child Marriage, 2020, [Technical note on gender-transformative approaches in the global programme to end child Marriage phase ii: a summary for practitioners](#)

1. Successful multisectoral and multilevel approaches to address child marriage: An under-researched area

Practitioners and researchers working to end child marriage have emphasised the need to move beyond diagnosing the problem and focus on solutions that have been proven to delay marriage and support married girls, and that expand opportunities for adolescent girls more broadly. Although child marriage has now been on the development agenda for more than 20 years, the evidence base for what works to address it remains limited compared to research exploring its prevalence, drivers and consequences.³

In 2019, *Girls Not Brides: The Global Partnership to End Child Marriage*, the UNFPA-UNICEF Global Programme to End Child Marriage and the World Health Organisation brought child marriage researchers and practitioners together to review the state of the evidence. A strong consensus emerged around the need to focus more on the evaluation of programmatic and policy interventions, and implementation research.⁴

Three years on, the picture built up by more recent systematic reviews and the CRANK Research Tracker⁵ show that current and recently published research remains clustered around areas that diagnose the problem, with relatively little focus on the impact evaluations and implementation research that will help our field decide where to invest our policy and programming efforts.⁶ Evaluations of programmes seeking to address child marriage in humanitarian contexts continue to be a particular gap.

For this reason, this Research Spotlight focuses on the new evidence that we do have on solutions to address child marriage. Recent research by UNICEF has shown that progress on an issue as complex as child marriage is possible, but that for this progress to be sustained and accelerated, a multisectoral and multilevel response is required.⁷ This Research Spotlight focuses on research from 2021 and 2022 that shines a light on how best to work with and across different levels and sectors, including health, education, social protection and child protection.

This year's second Research Spotlight will complement this one, focusing on implementation considerations, particularly from a lens of leaving no one behind.

2. Multisectoral and multilevel approaches to addressing child marriage: What the most recent evidence tells us

The evaluations of six multisectoral programmes – some at scale and designed for longer-term impact – to address child marriage and/ or sexual and reproductive health and rights (SRHR) that were published in 2021 and 2022 contribute substantially to the evidence base, both in terms of interventions that work and implementation learnings. The key takeaways from these six programmes are shared in this section.

Her Choice

Her Choice is an alliance that supports the creation of child marriage-free communities. For five years, it worked to change the lives of adolescent girls with a total of 30 local partners in 10 countries: Bangladesh, Benin, Burkina Faso, Ethiopia, Ghana, Mali, Nepal, Pakistan, Senegal and Uganda.⁸ The programme aimed to delay marriage and expand girls' choice by using a multi-sectoral approach comprised of six key strategies:

1. Investing in girls, their knowledge, skills, and participation.
2. Improving access to formal education for girls.
3. Improving access to youth-friendly SRHR services.
4. Improving the economic security of girls and their families.
5. Mobilising communities to transform social norms.
6. Creating an enabling legal and policy environment on preventing child marriage and female genital mutilation and cutting (FGM/C).

3. Malhotra, A., Elnakib S., 2021, *Evolution in the evidence base on child marriage 2000-2019*

4. Plesons, M., et. al., 2021, *Updated research gaps on ending child marriage and supporting married girls for 2020-2030*

5. *Girls Not Brides* and UNFPA-UNICEF Global Programme to End Child Marriage, 2022, *CRANK Research Tracker*.

6. Green, M., and Siddiqi, M., 2022, *Mapping the field of child marriage: Evidence, gaps, and future directions from a large-scale systematic scoping review*, 2000-2019

7. UNICEF, 2021, *Towards Ending Child Marriage: Global trends and profiles of progress*

8. University of Amsterdam, 2021, *HER CHOICE: Building Child Marriage Free Communities, Final Report 2016-2020*

Her Choice was also featured in the CRANK research meeting on *Challenging gender norms to end child marriage*.

Key results

- **The programme reduced the proportion of 12- to 17-year-old girls married between baseline and endline in most countries and increased the proportion of girls who said they felt they had some choice over if, when and whom to marry.** The strongest reductions in child marriage were in countries where the proportion of married girls was highest at baseline: Mali, Nepal and Pakistan. The proportion of girls who felt they could make decisions about if, when and whom to marry was higher in all African countries than in the Asian countries, ranging from a high of 91% in Ghana to 2% in Pakistan and 42% in Bangladesh.
- **Targeting girls, schools and health centres with knowledge and access strategies achieved immediate and longer-term results.** In all countries apart from Nepal and Senegal, the proportion of girls enrolled in formal education increased. In Pakistan, the proportion of girls in school was 39 percentage points higher than at baseline, and in Mali there was a 35 percentage point increase. Countries which started off with a high proportion of girls in school at baseline – for example, Bangladesh and Ghana – achieved smaller gains. Similarly in most countries, girls’ knowledge of where to access SRHR services increased, and in four countries – Bangladesh, Ethiopia, Mali and Uganda – the number of girls attending clinics to access health care also increased.
- **The impact of targeting communities with transformative social norms and legal/policy strategies was less clear and no clear impact was seen of targeting households with economic security strategies.** Only in Ethiopia did households increase their economic security significantly. While in most countries community by-laws were developed and awareness of child marriage laws increased, only in Asia was there evidence of child marriage laws being enforced; birth registration only increased in half the countries targeted. In terms of social norms, an ongoing challenge was that even following training, teachers continued to feel uncomfortable discussing SRHR with students.

Key takeaways:

- Programmes aiming to expand girls’ use of contraception and SRH care services must be combined with ongoing efforts to change the social norms surrounding the acceptability of young people’s sexuality. This includes engaging with health care providers, schoolteachers who deliver comprehensive sexuality education (CSE) and the wider community.
- Continued attention should be given to the importance of birth registration; future programmes could explore alternative strategies for its promotion.
- Conducting regular linking and learning meetings between implementing partners and relevant local government authorities will enhance civil society and government collaboration, at local, national and regional levels, particularly when it comes to promoting law enforcement and birth registration.

Yes I Do Alliance (YIDA)

The YIDA is an alliance that aims to foster a world where girls decide if, when, and whom to marry and/or have children, as well as supporting girls to avoid FGM/C.⁹ YIDA ran a five-year programme targeting young people aged 15 to 24 in seven countries: Ethiopia, Kenya, Indonesia, Malawi, Mozambique, Pakistan and Zambia. The programme took a holistic approach, with the objective of achieving change by achieving the following outcomes:

1. Community members, gatekeepers and other stakeholders have changed attitudes and take action to prevent child marriage, adolescent pregnancy and (where applicable) FGM/C.
2. Adolescent girls and boys are meaningfully engaged to claim their SRHR.
3. Adolescent girls and boys take informed action on their sexual health.
4. Adolescent girls and boys have alternatives beyond child marriage, adolescent pregnancy and FGM/C through education and economic empowerment.
5. Policymakers and duty bearers harmonize, strengthen and implement laws and policies on child marriage, FGM/C and SRHR.



PICTURED: Tseganesh in Ethiopia is happy that her parents, after active participation in community conversations, support her education and make sure that she does not get married at a young age: her aim is to go to university.
PHOTO: © UNICEF/UN0410880/Ayene

Key results:

- **The programme achieved substantial reductions in child marriage and FGM/C prevalence, and improved school dropout rates and access to SRH care.** The prevalence of child marriage among girls in the programme reduced significantly in Ethiopia and Kenya, by 14 percentage points, with more moderate declines in the other countries.
- **The programme did not achieve strong reductions in adolescent pregnancy.** In fact, although moderate reductions were achieved among girls in Ethiopia, Kenya and Indonesia, adolescent pregnancy increased by 16 percentage points in Zambia and by 7 percentage points in Malawi.
- **While challenging to achieve, the programme did have some success in changing community attitudes towards child marriage, FGM/C and adolescent sexuality more broadly.** In all countries, the reported community attitudes towards child marriage became less favourable. Challenges reported by the implementers included the relatively small scale of the programme, the relatively short five-year time frame, and the fact that many communities had more pressing concerns in terms of meeting their basic needs, such as food, water and sanitation.

Key takeaways:

- Providing SRHR information to support adolescents to exercise their rights is only effective if contraception is easily available in the areas where the programme is implemented.
- Delaying marriage is not an effective strategy for reducing adolescent pregnancy in contexts where pre-marital sexual activity is common. Where transactional sex between adolescent girls and older men/boys their own age is common, economic interventions to improve financial security are crucial to support girls to prevent adolescent pregnancy.
- Social norms change is challenging to achieve in a relatively short time frame and in contexts where communities may have more pressing concerns.

9. Maillard, C., et al., 2021, External Evaluation of the Yes I Do Programme and Alliance

More Than Brides Alliance’s “Marriage: No Child’s Play”

This multisectoral model was implemented in India, Mali, Malawi and Niger, in contexts with either a high prevalence or burden (total number) of child marriage. The programme ran for five years, and aimed to delay marriage by empowering girls, raising awareness about the risks of child marriage, improving girls’ access to SRH services, and supporting social norms favourable to girls’ education, economic engagement, and agency in marital decision-making.¹⁰

Key results:

- **The programme had the strongest impact in India, where child marriage declined by 69% in the areas where the intervention was implemented.** However, in the other evaluated countries, child marriage declined at similar rates in both the intervention and comparison areas meaning that change could not be attributed to the programme. In India, the dramatic decline may have been achieved through the pathway of building social assets such as participating in a club or group, and through increasing access to education and keeping girls in school.
- **The programme also showed some success in opening alternatives to child marriage, including increased educational and livelihood opportunities.** It had some significant effects on school enrolment, grade attainment and whether girls had ever worked, but there was no clear pattern across countries.

Key takeaways:

- This evaluation challenges the assumption that it is easier for programmes to demonstrate effectiveness on reducing child marriage in areas where child marriage is highest. The programme also had an impact in lower prevalence areas in India where child marriage was already declining.
- Programmes need to be sufficiently adapted to account for context-specific drivers of child marriage such as premarital sex and pregnancy and the reality of marriage as a livelihood strategy for girls and women. In contexts where premarital pregnancy is a means of achieving marriage and securing a future livelihood, programmes that aim to increase access to SRHR information and services would be more effective if combined with interventions to improve economic security for girls.

The Adolescent Girls Initiative-Kenya (AGI-K)

This recent randomised trial of a programme to address child marriage in rural Kenya also suggests the potential of multi sectoral programmes to delay marriage in marginalised contexts.¹¹ The two-year programme used a combination of cash transfers conditional on girls’ school attendance (education), community dialogue about inequitable gender norms (violence prevention), weekly group meetings about health and life skills training (health), and financial literacy training (wealth creation).

Key results:

- **Two years after the end of the programme, marriage was 34% lower and pregnancy was 43% lower among girls not in school at baseline.** However, there was no significant impact on either marriage or pregnancy among girls in school at baseline.
- **There were also significant improvements in terms of gender equitable attitudes and educational attainment (based on grade attainment, school enrolment and literacy in English and Swahili)** among the girls who were out of school at baseline and who participated in the violence prevention and education interventions, and those who participated in the violence prevention, education and wealth creation interventions.
- **The education component of the intervention was likely the most effective of the different strategies used, with the health component showing the least effect.** Discussions with implementing staff suggest this was likely due to discomfort felt by mentors about implementing the SRH curriculum.

Key takeaways:

- Efforts to address SRH should include measures to address the attitudes of those responsible for implementing the intervention, whether they be teachers, mentors or health providers
- This study suggests that multisectoral interventions can help even the most marginalised girls to delay marriage and continue education, and that results can be sustained over girls’ adolescence.

10. Melnikas, A.J., G. Saul, M. Chau, N. Pandey, J. Mkandawire, M. Gueye, A. Diarra, and S. Amin. 2021, *More Than Brides Alliance: Endline Evaluation Report*. New York: Population Council. This evaluation was also featured in our Research Spotlight on [Gender-transformative and systems approaches to ending child marriage and promoting girls’ rights](#) and also was in the CRANK research meeting on [Investing in and building the capacity of systems to address child marriage](#).

11. Austrian, K., et al., 2022, [Impacts of multisectoral cash plus programs on marriage and fertility after 4 years in pastoralist Kenya: A randomized trial](#)

Keeping girls in school (KGIS) to reduce child marriage in rural Bangladesh

This programme study combines education, gender awareness training and livelihoods skills training, as well as community awareness raising and life skills training to keep girls in school and build livelihood skills as strategies for reducing child marriage. The programme is a scale-up of the BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents) project.¹²

Figure 1: BALIKA evaluation – A cluster randomised controlled research design with three intervention strategies and a control group



The programme was implemented over a three-year period and targeted the most marginalised adolescent girls in the community who had either dropped out of school or who were underperforming at school. The intervention was implemented in safe spaces and provided tailored tutoring support in maths and English for girls who were in school but underperforming, and skill-building and life-skills awareness sessions that challenged norms and restrictions for adolescent girls. Skills sessions included computer training, financial literacy and basic health service skills. The programme also engaged female mentors from the local community who led girls' groups, liaised with teachers, school management committees (SMC) and the broader community.

A full year of the programme was implemented during the COVID-19 pandemic and resulting school closures, which required a shift to providing sessions virtually. To compensate for this, mentors met with girls with greater intensity twice a week and in much smaller groups.

Key results:

- **The programme led to a significantly smaller percentage of girls in the intervention group marrying, as compared to the control group.** It also led to lower rates of school dropout and analytical learning loss.
- **The programme raised critical awareness skills.** Girls in the intervention areas were significantly more likely than girls in control areas to be able to list adverse effects of child marriage, to have initiated use of modern contraception before first birth, and to have gained increased trust from their parents, allowing them to go home after sunset and visit friends alone.

Key takeaways:

- Girls' loss of learning during the pandemic was significantly lower in the intervention areas than in control areas, demonstrating that remote learning sessions were effective in keeping girls connected to their studies when schools were closed.
- Recruiting programme implementors from the local community was likely a critical success factor of the programme, as moving interventions to online platforms during the pandemic would probably not have worked as well if mentors had not been local and therefore more easily able to build relationships with girls and their families.

12. Sigma, A., et. al., 2021, [Keeping Girls in Schools to Reduce Child Marriage in Rural Bangladesh: Endline Assessment, Dhaka: Population Council.](#)

The Productive Safety Net Program (PSNP) in Ethiopia

The Ethiopian Government's PSNP has run since 2005 and is one of the largest social protection programmes in sub-Saharan Africa.¹³ It reaches an estimated 8 million individuals through its public works and direct support streams, with the aim of addressing chronic food insecurity and improve health and nutrition outcomes through:

1. The provision of food and cash transfers to targeted households (mostly cash for work)
2. The creation of productive and sustainable community assets (in the form of infrastructure) that contribute to the rehabilitation of severely degraded areas, build resilience to climate-related impacts, and increase household productivity. The programme also contributes to improved access to social services, such as education and health.
3. Direct cash transfers to labour-constrained households (households where one or more members of the household is unable to work).
4. The use of risk financing mechanisms to allow the programme to scale up in times of transitory crisis.¹⁴

Although child marriage prevention was not originally an intended outcome of the PSNP, a 2017 study in the Amhara region found that the programme delayed the migration of adolescent girls aged 12 to 17 years with the spillover effect of delaying marriage. Key actors working to address child marriage and achieve greater social outcomes for children therefore identified the opportunity to engage with the PSNP as a strategic mechanism to achieve their goals and to support clear pathways for change. UNICEF and other actors worked with the Government of Ethiopia to pilot the inclusion of new cash plus components within the PSNP, with the aim of increasing the impact of the programme on reducing child marriage as well as providing evidence on the effectiveness of an integrated approach.

The Integrated Safety Net Programme (ISNP) was first launched in 2019 and is a pilot which provides integrated nutrition and health interventions, facilitates the enrolment of PSNP clients in the community-based health insurance scheme and strengthens access to social services among PSNP clients. Social workers involved in the programme promote school enrolment, monitor school attendance and provide information and guidance to PSNP households on a range of issues. A final evaluation of the programme is planned for 2023.

Key takeaways:

- Large-scale publicly provided social protection programmes can have an impact on preventing child marriage.
- Government and donor collaboration and commitments are essential for leveraging existing large-scale programmes for the purpose of addressing child marriage at scale.
- State and district level action plans can provide a framework for multisectoral collaboration across departments and agencies.

13. *Girls Not Brides* generally avoids the term "sub-Saharan Africa" due to its racial and colonial connotations, and lack of specificity. We have used it here to reflect the available data and evidence, which refers to sub-Saharan Africa as a geographical region. For regional and country-level detail, see our [Atlas](#).

14. UNICEF, 2022, [Leveraging large-scale programmes to end child marriage](#).

Women’s Integrated Sexual Health (WISH)

This large-scale programme delivers a comprehensive, integrated approach to ensuring access to SRHR that prioritises the most underserved girls and women, including adolescents. Along with supply- and demand-side initiatives,¹⁵ WISH consortium partners and in-country partners work collectively to create an enabling environment for SRHR through three key pathways: ensuring supportive SRHR policies, laws and regulations, improving public sector investment in contraception and SRH, and creating accountability systems to influence and track commitments and policies. As access to CSE is a key part of creating a supportive SRHR policy environment, WISH consortium partners worked with stakeholders across both the health and education sectors to achieve policy change.

Results of national-level advocacy initiatives from the first phase of the programme – which operates in 12 countries in West and Central Africa – are captured in a 2022 report.¹⁶



PICTURED: Jobaida, 18, is a Bangladeshi adolescent girl who has participated in a ‘Social Change Agents’ training through UNICEF’s social hub. Now she raises awareness through information sharing and visual materials among adolescents and their mothers in host communities on the harmful consequences of child marriage. PHOTO: © UNICEF/UN0579891/Kiron

Key results relevant for adolescents and child marriage:

- **Validation of the 2021-2025 Budgeted National Family Planning Action Plan by the Niger Minister of Health in December 2021.** The objective of the plan is to increase the use of modern contraception by around 50% by 2025 by ensuring that all couples, individuals, adolescents, youth and people living with disabilities have access to a full range of affordable, quality contraception. The specific inclusion of adolescents and individuals (as opposed to married couples) in the plan is the result of sustained advocacy by WISH consortium members and national youth advocates, and marks a critical step forward in supporting a more enabling and inclusive environment for SRHR in Niger.
- **CSE modules approved for use in schools in Sierra Leone.** Following collaboration with the WISH consortium, in 2021, the Ministry of Education confirmed its validation of the integration of CSE modules into six subjects in the national school curriculum. These modules provide an essential framework to enable discussions with children and adolescents in schools about issues including modern contraception, the prevention of sexually transmitted infections and HIV, gender-based violence, gender norms and roles, and FGM/C.
- **Reproductive Health Education (RHE) guidelines for out-of-school youth finalised and rolled out in Ghana in 2021.** In 2019, conservative backlash halted the roll out CSE in Ghana’s schools. In response, Marie Stopes International Ghana worked with the Ghana Health Service and the Ghana Education Service to develop guidelines for the operation of adolescent health clubs, as well as national guidelines and protocols for peer support services with guidelines on RHE, which were disseminated in August 2021.

15. Supply-side initiatives refers to those that provide health care services to increase access, and demand-side refers to initiatives that raise awareness and understanding of available health care services among target populations

16. WISH Consortium, 2022, [Sustainable pathways to reproductive choice. How the Wish programme has supported national efforts to improve sexual and reproductive health and rights In West and Central Africa](#)

3. Discussion:

These recent studies are useful in showing that multisectoral approaches that combine interventions at the individual, community, service provision and policy levels can be effective in delaying marriage and reducing adolescent pregnancy even among the girls who have been most marginalised. Some studies show pathways to scale when the intervention relies primarily on one sector, with supplementary components from other sectors.

However, the number of available evaluations to draw from continues to be dwarfed by the number of studies looking at prevalence, drivers and consequences of child marriage. More investment is needed in programmes to delay marriage and research to thoroughly document the outcomes of those programmes.

Furthermore, while these studies contribute to our understanding of the effectiveness of multisectoral approaches, they also demonstrate a significant level of inconsistency in results in different contexts and therefore raise a number of questions and areas for future research. The fact that many of these programmes were implemented throughout the first year of the pandemic is also likely to have strongly influenced final programme impacts. Some key questions for consideration in future programme design and evaluations could be:

- Can intensive multisectoral programming be replicated by public sector actors at scale?
- How can economic interventions best help both improve household security and delay marriage and pregnancy, including within the context of the ongoing pandemic?
- What are the best strategies for changing deeply ingrained social norms and attitudes related to adolescent sexuality and use of contraception?
- How can positive social norms change be scaled, strengthened and sustained over time?
- How can the transition from school to work best be supported to enable girls and young women to access quality employment opportunities after school or university graduation?

It is also clear that evaluations of large-scale interventions to delay marriage continue to focus on countries in South Asia and West, Central, East and Southern Africa, neglecting areas of high child marriage prevalence in Latin America and certain countries in Francophone Africa. Many of these countries – particularly those in Francophone Africa – include hard-to-reach humanitarian contexts, and the lack of evaluated programmes to address child marriage in these contexts is a clear gap in the recent evidence base.¹⁷

New tools and toolkits on child marriage

The following tools and toolkits are recommended for further reading:

- The Child, Early and Forced Marriage and Unions and Sexuality Working Group, 2022, [*Girls' sexuality and child, early, and forced marriages and unions: A conceptual framework*](#)
- The Sonke Gender Justice Network, 2021, [*Engaging men in the elimination of child marriage: Facilitation manual*](#)
- Her Choice, 2021, [*Visualisation tools to assess the youth friendliness of health services, the comprehensiveness of CSE, and the girl friendliness of schools.*](#)
- UNFPA, UNICEF, Women's Refugee Commission, Johns Hopkins University, 2021, [*A practitioner's guide to the ethical conduct of research on child marriage in humanitarian settings*](#)
- UNICEF, 2021, [*Advocacy toolkit. Key result for children 6: Ending child marriage*](#)

17. These countries include Chad, Central African Republic, Guinea, Nigeria, South Sudan and Sudan.