



GIRLS NOT BRIDES

The Global Partnership
to End Child Marriage

Ending child marriage: What does the latest evidence say?

**THE FIRST DISCUSSION IN THE GIRLS NOT BRIDES 2018
LEARNING SERIES**

Ending child marriage: What does the latest evidence say?



GOAL E: LEARNING

Efforts to address child marriage are based on evidence.

Why is evidence so important?

Webinar objectives:

- Give a snapshot of what we know from the latest evidence reviews
- Demystify any differences in conclusions
- Highlight on-going research and evidence gaps

Key resources and speakers

Resources we will be discussing

- Chae, S, and Ngo, TD, [*The global state of evidence on interventions to prevent child marriage*](#), GIRL Center Research Brief No. 1. New York: Population Council, 2017
- Kalamar AM, Lee-Rife, Hindin MJ, [*Interventions to prevent child marriage among young people in low- and middle-income countries: a systematic review of the published and gray literature*](#) J Adolesc Health. 2016 Sep;59(3 Suppl):S16-21. doi: 10.1016/j.jadohealth, 2016
- Chandra-Mouli V, Lane C, Wong S. [*What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices*](#). Glob Health Sci Pract. 2015;3(3):333-340. 2015

Moderator:


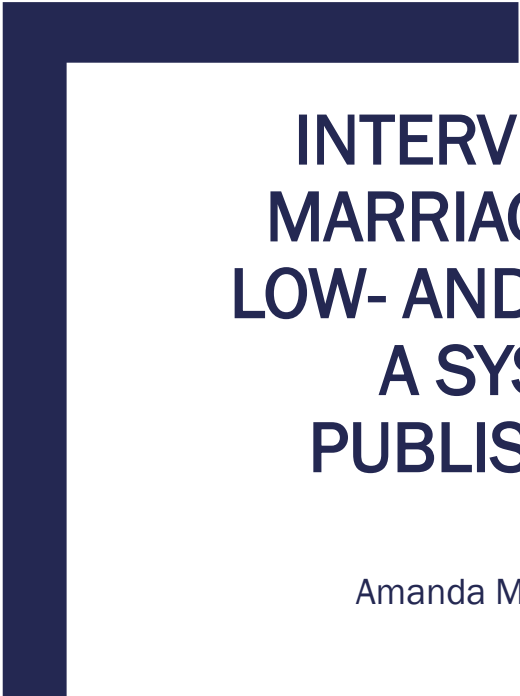
- Ellen Travers, Girls Not Brides secretariat

Panellists:

- Amanda Kalamar, Population Services International
- Thoai Ngo, The Girl Center at Population Council
- Venkatraman Chandra-Mouli, World Health Organisation

Discussants:

- Margaret Greene, GreeneWorks
- Rachel Marcus, Overseas Development Institute
- Jeff Edmeades, ICRW



INTERVENTIONS TO PREVENT CHILD MARRIAGE AMONG YOUNG PEOPLE IN LOW- AND MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW OF THE PUBLISHED AND GRAY LITERATURE

Amanda M. Kalamar, Ph.D., Susan Lee-Rife, M.P.H., Ph.D., and
Michelle J. Hindin, M.H.S., Ph.D.

Objective, Strategy and Ranking

- Identify high-quality interventions and evaluations to guide program managers, country officials, and donors to invest in successful approaches.
- Searched published literature (PubMed, Embase, PsycInfo, CINAHL Plus, Popline, and the Cochrane Databases) as well as gray literature through November 2015.
- Multi-rater scoring of both the intervention and the evaluation and an overall ranking.

Selection Criteria

- High quality intervention AND
- High quality evaluation

- Must have a behavioral outcome
 - Proportion of girls married
 - Age at marriage

- Most recent analysis of the outcome

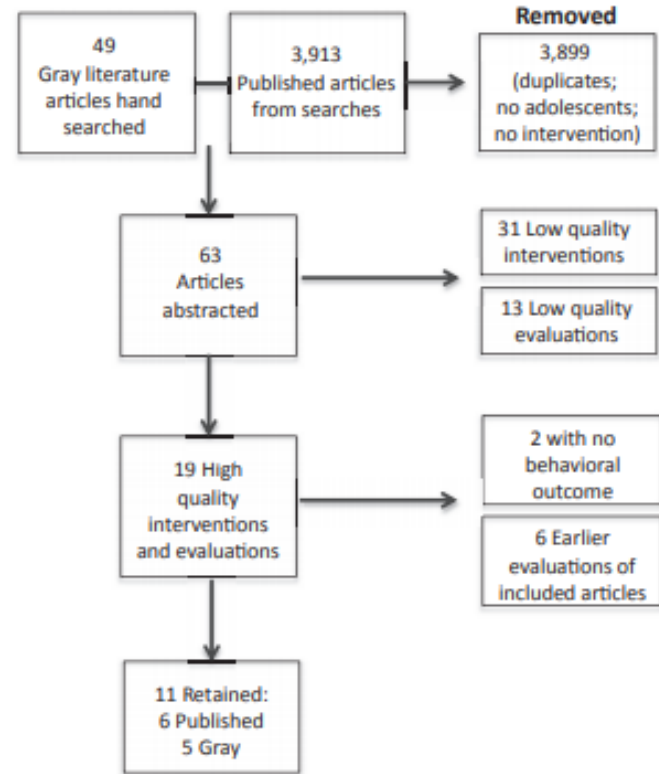


Figure 1. Flow diagram: Child marriage.

Summary Results

Impact summary of high-quality early marriage interventions and evaluations

Country	Evaluation age range (years)	Intervention	Proportion married (decrease expected)	Age at marriage (increase expected)
Mexico [15]	13–19	Conditional cash transfers		↑
Malawi [20]	13–22	Conditional cash transfers	↓ ^a	
Malawi [19]	13–22	Conditional/unconditional cash transfers	↓ ^b	
Kenya [24]	12–24	Unconditional cash transfers	—	
Colombia [14]	13 on average	School voucher program	↓	
Kenya [23]	15 on average	School uniforms; teacher training	—	
Zimbabwe [16]	Age 12	School fees, uniforms, books, and supplies	↓	
Ethiopia [18]	10–19	School support; life-skills curriculum	↓↑ ^c	
Bangladesh [21]	13–22	Life-skills curriculum		—
India [17]	11–17	Life-skills curriculum	↓	↑
India [22]	14–24	Multicomponent	—	—

□ = effect significant at $p < .05$; ◻ = effect significant at $p < .01$; ◼ = effect significant at $p < .001$.

^a Among baseline out-of-school girls; no impact among baseline in-school girls.

^b Among those in the unconditional transfer arm—no impact in the conditional transfer arm.

^c Declines among girls aged 10–14 years; increase among girls aged 15–19 years.

Discussion

- Overall, of the >3,900 articles screened from the published literature, we retained 6 (.15%) and found five gray literature articles for a total of 11 high-quality interventions and evaluations. Six had a statistically significant impact in the expected direction.
- Most of the economic interventions (including cash transfers, school vouchers, payment of school-related costs) had a significant impact on reducing the proportion experiencing child marriage or increasing age at marriage.
- Interventions with no statistical impact often had defined goals much broader than child marriage.
- Range of strategies to address child marriage, providing flexibility for future impactful evidence-based programs suited to given context, population, or situation

Articles included in analysis:

- Angrist J, Bettinger E, Bloom E, et al. Vouchers for private schooling in Colombia: Evidence from a randomized natural experiment. *Am Econ Rev* 2002;92:1535e58.
- Gulemetova-Swan M. Evaluating the impact of conditional cash transfer programs on adolescent decisions about marriage and fertility: The case of Oportunidades. Philadelphia: University of Pennsylvania; 2009.
- Hallfors DD, Cho H, Rusakaniko S, et al. The impact of school subsidies on HIV-related outcomes among adolescent female orphans. *J Adolesc Health* 2015;56:79e84.
- Pande R, Kurz K, Walia S, et al. Improving the reproductive health of married and unmarried youth in India: Evidence of effectiveness and costs from community-based interventions. Washington, D.C.: International Center for Research on Women (ICRW); 2006.
- Erulkar AS, Muthengi E. Evaluation of Berhane Hewan: A program to delay child marriage in rural Ethiopia. *Int Perspect Sex Reprod Health* 2009;35: 6e14.
- Baird S, McIntosh C, Özler B. Cash or condition? Evidence from a cash transfer experiment. *Q J Econ* 2011;126:1709e53.
- Baird SJ, Garfein RS, McIntosh CT, et al. Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: A cluster randomised trial. *Lancet* 2012;379:1320e9.
- Amin S. Empowering adolescent girls in rural Bangladesh: Kishori Abhijan. New York: Population Council; 2011.
- Kanesathasan A, Cardinal LJ, Pearson E, et al. Catalyzing change: Improving youth sexual and reproductive health through DISHA, an integrated program in India. Washington, D.C.: ICRW; 2008.
- Duflo E, Dupas P, Kremer M. Education, HIV and early fertility: Experimental evidence from Western Kenya. Cambridge, MA: National Bureau of Economic Research; 2014.
- Handa S, Peterman A, Huang C, et al. Impact of the Kenya cash transfer for orphans and vulnerable children on early pregnancy and marriage of adolescent girls. *Social Sci Med* 2015;141:36e45.



FOR INNOVATION, RESEARCH, AND LEARNING

THE GLOBAL STATE OF EVIDENCE ON INTERVENTIONS TO PREVENT CHLID MARRIAGE

Sophia Chae and Thoai Ngo



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Social Media: [#GIRLCenter](https://twitter.com/GIRLCenter)

Objectives

Describe the types of interventions that have been implemented

Describe the approaches used in these interventions

Assess which interventions are effective and which are ineffective

Investigate the impact of interventions on other aspects of girls' well-being

Report the costs of implementing these interventions

Make recommendations for future child-marriage interventions

Inclusion Criteria

- Rigorously evaluated interventions
 - Randomized-controlled trial (RCT), quasi-experimental study, natural experiment
- Measured the prevalence of child marriage and/or the age at first marriage
- Implemented over the past 20 years, since 1997

Types of Approaches

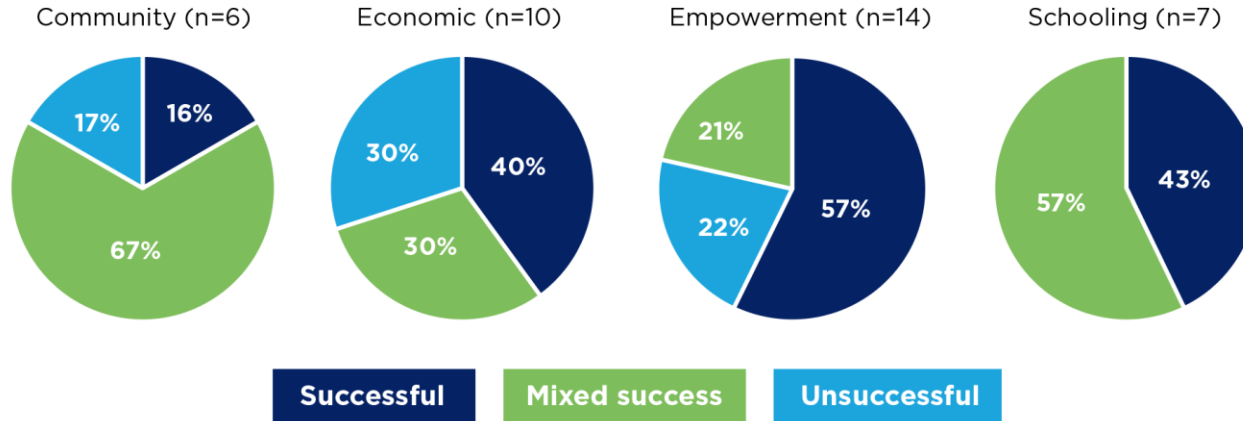
- **Empowerment:** Life-skills training, livelihoods training, gender-rights awareness training, exposure to future careers, RH training, etc.
- **Community:** Community dialogue, street theater, etc.
- **Schooling:** Free school supplies and/or uniforms, payment of school fees, tutoring, etc.
- **Economic:** Conditional/unconditional cash or asset transfers

FIGURE 2. INTERVENTIONS AND APPROACHES USED TO REDUCE CHILD MARRIAGE BY SUCCESS STATUS AND YEAR OF IMPLEMENTATION

	Before 2000	2000–2004	2005–2009	2010–2017	Approach
Successful	Bangladesh ²⁶	India ³⁰	Bangladesh ³³	Bangladesh ³⁹	Community
	Bangladesh ²⁷	India ³¹	Uganda ²³		Economic
	Colombia ²²	Mexico ³¹	Zimbabwe ³⁴		Empowerment
	India ²⁸				Schooling
Mixed success	Nepal ²⁹	Ethiopia ¹⁸	Kenya ³⁵	Burkina Faso ²⁴	
			Malawi ³⁶	Tanzania ²⁵	
Unsuccessful		Bangladesh ¹⁹	India ²¹		
		Pakistan ³²	Kenya ³⁷		
			Tanzania ³⁸		

NOTE: Success status measures whether one or more components of an intervention successfully reduced early marriage according to the definition used in the study. Superscripts cite interventions listed in References.

FIGURE 3. PERCENTAGE DISTRIBUTION OF APPROACHES BY SUCCESS STATUS OF CHILD-MARRIAGE INTERVENTION



Key Findings

- Empowerment is the most popular and most successful approach for reducing child marriage
- Interventions also improved schooling outcomes and lowered the risk of pregnancy/childbearing
- Very few studies reported the costs of implementing interventions

Recommendations

Incorporate an empowerment approach in the design of child-marriage interventions

Strengthen the evidence base of what works and what does not work to delay child marriage

Analyze the impact of individual components of interventions to determine the most cost-effective interventions

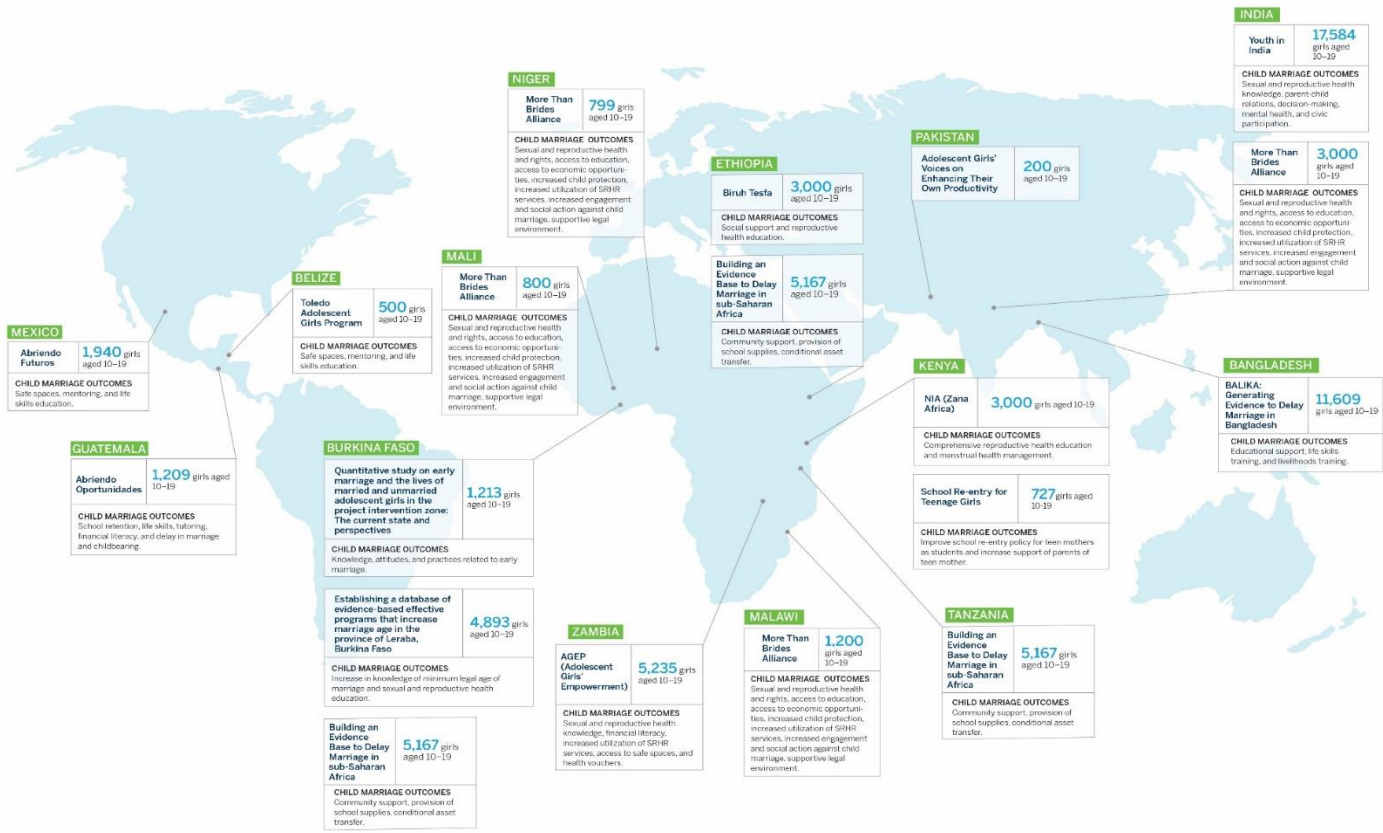
Measure the quality and coverage of interventions when evaluating child-marriage interventions

Carefully review the state of evidence on child-marriage interventions when planning an intervention

Conduct more rigorous evaluations of child-marriage interventions

Include information about interventions in published studies and reports

Council Research on Child Marriage



GIRL Center

FOR INNOVATION, RESEARCH, AND LEARNING



MacArthur
Foundation

the David &
Lucile Packard
FOUNDATION

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COMMENTARY

What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices

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**World Health
Organization**



Interventions have limited effects because they are delivered piecemeal



Inter-Parliamentary Union
for democracy, the rule of law

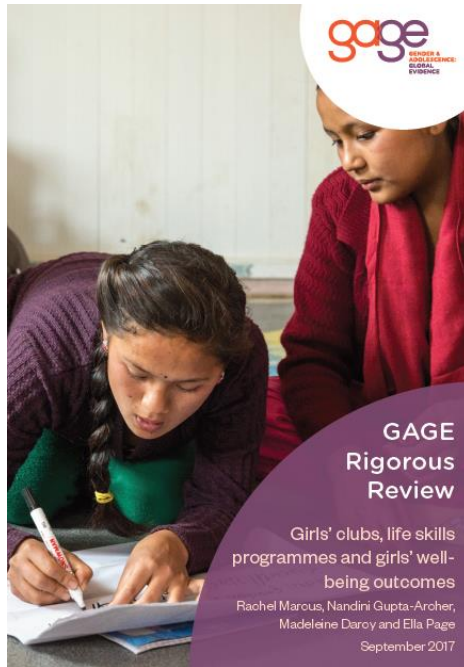


Child, early and forced
marriage legislation
in 37 Asia-Pacific countries



There is little evidence that **laws on their own** make any substantial contribution to discouraging or eradicating child marriage.

Interventions that have been shown to be effective are often delivered with inadequate fidelity or low ‘dosage’



Impacts were generally greatest when

- girls attended regularly,

and when programmes

- ran over a long period,
- involved outreach with gatekeepers, and
- addressed poverty-related barriers to participation.

Popular interventions that have been shown to be ineffective continue to be implemented



High-profile public meetings to inform communities about the risks of early marriage have shown to have little effect...yet such activities continue to be conducted.


More research is needed

Svanemyr et al. *Reproductive Health* (2015) 12:80
DOI 10.1186/s12978-015-0060-5



COMMENTARY

Open Access

Research priorities on ending child marriage and supporting married girls 

Joar Svanemyr^{1*}, Venkatraman Chandra-Mouli², Anita Raj³, Ellen Travers⁴ and Lakshmi Sundaram⁴



**District-level Study on
Child Marriage in India**

What do we know about the prevalence, trends and patterns?

NEW DELHI
October 2015



How can effective interventions be **scaled up and sustained?**

How can we ensure that we **understand changing trends and reach girls with the greatest need?**

An additional area of priority



How can we ensure that we respond to the **health & social needs of child brides?**

Questions?

Please type into the chat box

**Sign up to the Girls Not
Brides 2018 Learning Series
[here](#)**