



**CHILD, EARLY, AND
FORCED MARRIAGE**
CARE'S GLOBAL EXPERIENCE



ACKNOWLEDGEMENTS

This document was written by Carol Boender (independent consultant) in close collaboration with CARE and with the generous support of the Kendeda Fund



CONTENTS

The Impact	1
A Time of Action	3
CARE's Approach	4
Social Norms	6
Accommodating Complexity in Girls' Lives	10
Building Agency and Solidarity	15
Men and Boys as Change Agents	17
Bringing Insight to Advocacy	21
Addressing CEFM in Emergencies and Humanitarian Crisis	24
Summary	27



THE IMPACT



Each year, 12 million girls are married before the age of 18, marking the start of their lives as wives and mothers well before they are physically or emotionally ready.¹

According to the Office of the High Commissioner for Human Rights (OHCHR), **child marriage** is a marriage in which at least one of the parties is a child (according to the Convention on the Rights of the Child, a child is “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier); **early marriages** are marriages involving a person aged below 18 in countries where the age of majority is attained earlier or upon marriage or marriages where both spouses are 18 or older but other factors make them unready to consent to marriage, such as their level of physical, emotional, sexual and psychosocial development, or a lack of information regarding the person’s life options; and **forced marriage** is any marriage which occurs without the full and free consent of one or both of the parties and/or where one or both of the parties is/are unable to end or leave the marriage, including as a result of duress or intense social or family pressure.² Child, early, and forced marriage (**CEFM**)³ results in serious, lifelong consequences for the physical, emotional, material, and psychological well-being of girls. Child brides are at significant risk of having children at younger ages, suffering complications in pregnancy and childbirth, contracting HIV/AIDS, having more children over their lifetime, leaving school, and living in poverty than their peers who marry at later ages. They are more likely to experience intimate partner violence and

¹ <https://www.unicef.org/eca/press-releases/25-million-child-marriages-prevented>

² <https://www.girlsnotbrides.org/new-ohchr-report-child-early-forced-marriage/>

³ In this document we have chosen to generally use the comprehensive term child, early, and forced marriage (CEFM) to describe CARE’s work. For context specific content in the document, we use the terms child marriage and early marriage as well.

have their decision-making power and freedoms curtailed. The negative impact of child marriage reaches beyond the girls themselves as well, extending to their children, households, communities and societies, thwarting their ability to reach their full social and economic potential.⁴ Boys, too, are subject to marriage before the age of 18 and its negative consequences, at a prevalence roughly one-fifth of that for girls.⁵

CEFM is found in all religions and regions. It is not a phenomenon of any single culture.⁶ The way CEFM is practiced and the explanations given for it vary from one community to another, but the underlying causes are often similar. These include the undervaluing of girls and restricting them to domestic and reproductive roles; patriarchal control over adolescent sexuality, particularly female sexuality; gender-based violence (GBV) and the fear of GBV; and the commodification of girls and/or the marital exchange. Girls' own limited perceptions of future opportunities beyond marriage, low social status or abuse within the parental household, marriage as the only legitimate path to sexual activity, and internalization of traditional social norms play a role in girls' acceptance and, in some cases, choice of early marriage. CEFM is also fueled by poverty and insecurity. Rates tend to rise during humanitarian crises, when parents may see it as the best option to protect daughters from sexual violence—nine out of the ten countries with the highest CEFM rates are fragile states. Nearly always, CEFM is an expression of gender inequality and the powerlessness of children.⁷

4 <https://www.girlsnotbrides.org/what-is-the-impact/>

5 https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

6 Girls Not Brides (2016). An Information Sheet: child marriage around the world.

7 <https://www.girlsnotbrides.org/why-does-it-happen/>



A TIME OF ACTION

Globally, the rate of child marriage is declining,⁸ but the rate of progress is not fast enough:

Each day, approximately 37,000 girls under age 18 are married.⁹

- More than 700 million women and over 150 million men alive today were married too young, one-third of them before age 15.¹⁰
- Current rates in developing countries mean that 1 in 3 girls are married by age 18 and 1 in 9 are married by age 15.¹¹
- 45% of girls under 18 are married in South Asia; 39% in sub-Saharan Africa; 23% in Latin America and the Caribbean; 18% in the Middle East and North Africa; and smaller proportions in some communities in Europe and North America.¹²
- Without further reductions in child marriage, the global number of women married as children will reach 1.2 billion by 2050.¹³

The world agrees that it is time to focus on CEFM as a barrier to the rights, needs, and potential of adolescents, particularly girls. The Agenda for Sustainable Development includes Sustainable Development Goal (SDG) 5.3, aiming to eliminate child marriage by 2030.¹⁴ *Girls Not Brides*, a global coalition of agencies and organizations working to end CEFM, links success in 7 of the other 15 SDGs to ending CEFM.¹⁵ Governments of donor countries like Canada, the United Kingdom, and the United States have increasingly taken up the issue, and many countries, such as Burkina Faso, Ghana, Egypt, and Nepal, have instituted national strategies on CEFM.¹⁶

CARE has joined the movement to address CEFM in this generation. The **CARE Gender, Power, and Justice Primer** lays out how organizations like ours can contribute to the achievement of the SDGs.¹⁷ In two world regions—Middle East and North Africa (MENA) and the Asia Pacific—CARE has developed regional strategies on CEFM that galvanize influence with regional, national, and global bodies, support feminist movements, connect the local to the global, scale up and share strategies that work, and target popular media with positive images of equality.¹⁸ At the same time, CARE is working on the ground in high prevalence countries around the world. This document lays out CARE's approach and experience in CEFM prevention and mitigation across the globe.

8 <https://www.unicef.org/eca/press-releases/25-million-child-marriages-prevented>

9 <http://www.unfpa.org/news/top-10-myths-about-child-marriage>

10 https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

11 <https://www.girlsnotbrides.org/where-does-it-happen/>

12 <https://www.girlsnotbrides.org/where-does-it-happen/>

13 https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

14 <https://sustainabledevelopment.un.org/sdg5>

15 <https://www.girlsnotbrides.org/themes/sustainable-development-goals-sdgs/>

16 <https://www.state.gov/documents/organization/254904.pdf>; <https://www.girlsnotbrides.org/wp-content/uploads/2016/10/Burkina-Faso-National-Strategy-2016-2025-Nov-2015.pdf>; <http://nepal.unfpa.org/publications/national-strategy-ending-child-marriage-0>; <https://www.girlsnotbrides.org/wp-content/uploads/2017/05/2017-2026-National-Strategic-Framework-on-ECM-in-Ghana.pdf>; <https://www.girlsnotbrides.org/wp-content/uploads/2015/06/Fact-sheet-Egypt-national-strategy-May-2015.pdf>

17 <https://www.genderinpractice.care.org/>

18 <http://multiplyingimpact.care2share.wikispaces.net/file/view/ECM%20Branded%20Briefing%20for%20donors-1.pdf/606715857/ECM%20Branded%20Briefing%20for%20donors-1.pdf>; <http://multiplyingimpact.care2share.wikispaces.net/Impact+Growth+Strategies+%28IGS%29>

CARE'S APPROACH



CARE believes that gender equality is critical in achieving rights and dignity for all. Over the past 65 years, CARE's experience has contributed to a growing knowledge base of, and fervent commitment to addressing the relationship between poverty and gender inequality.

Our capacity to address gender inequality cuts across theory and application—from engaging in organization-wide research, self-reflection, and advocacy on women and girls' empowerment and rights to assessing and refining impact measurement systems and metrics of empowerment, and developing approaches for engaging men and boys in addressing systems and structures that perpetuate gender inequality.

CARE's commitment to a gender transformative approach lives in our CEFM work as well. Programs addressing CEFM draw heavily on CARE's previous gender equality thought leadership, models, and methods, among them the following:

- The **Gender Equality and Women's Empowerment framework**, based on extensive consultations around the world, comprises three domains: agency (one's own aspirations, self-efficacy, and capabilities), relations (relationships in one's life that entail power balances), and structures (the legal, cultural, and economic environment that surrounds and conditions one's choices).¹⁹

¹⁹ http://gender.care2share.wikispaces.net/file/view/Roadmap+for+Change_31+May+2016.pdf

**GENDER EQUALITY AND
WOMEN'S EMPOWERMENT
FRAMEWORK
THEORY OF CHANGE**

BUILD AGENCY



CHANGE RELATIONS



**TRANSFORM
STRUCTURES**



WOMEN AND GIRLS
realise their human
rights and people of all
genders and life stages
live in gender equality

- The **Gender Analysis Toolkit**²⁰
- **Guidance Note Series for Gender in Emergencies**²¹
- Methodologies developed for the **Inner Spaces, Outer Faces Initiative** are employed with CARE staff to examine their own gendered assumptions and how they affect their work.²²
- **Social Analysis and Action (SAA)** is a model for reflection and dialogue with communities on gender intended to inspire communities to create their own solutions to rigid gender roles.²³

Building on this foundation, CARE's approach to addressing CEFM incorporates attention to social norm change, reflecting the complexity of girls' lives with multi-sectoral programming, building girls' agency and solidarity, engaging men and boys for gender equality, bringing insight to advocacy, and tackling the issue in emergency response.

CARE believes that CEFM is both a cause and a symptom of gender inequality. We work to address the root causes of child marriage practices and to mitigate the negative impacts of CEFM on girls and their families and communities. Our vision is about more than delaying the age of marriage—we seek a world in which girls and women are able and prepared to choose if, when, and whom to marry, and if and when to leave a marriage.

²⁰ <http://gendertoolkit.care.org/default.aspx>

²¹ <http://gender.care2share.wikispaces.net/Gender+in+Emergencies>

²² http://www.care.org/sites/default/files/documents/MH-2008-ISOFI-Toolkit_2008.pdf

²³ http://familyplanning.care2share.wikispaces.net/file/view/SAA_Toolkit_FINAL.pdf/624425629/SAA_Toolkit_FINAL.pdf

SOCIAL NORMS

Research and experience show that social change toward gender justice requires more than supportive attitudes and awareness among individuals.²⁴ People do not exist as islands; they make up a social system that is interdependent and built on tacit conventions of behavior. Because marriage is a practice that involves the participation of more than one individual or family, enduring change will not come one person at a time. The expectations of what is within the realm of normal must change across the marriage market (the group that includes a pool of potential spouses). These expectations are social norms.

CARE is piloting strategies built on social norm change theory in several gender justice programs, including in its CEFM work. **Applying theory to practice: CARE's journey piloting social norms measures for gender programming** recounts part of the process CARE has gone through to create practical ways to record and measure gendered social norms as distinct from individual attitudes or beliefs, among them **CARE's Social Norms Analysis Plot (SNAP) framework**.²⁵ SNAP is a framework for thinking about and analyzing social norms by distinguishing between *empirical expectations* (what we think others do or think) and *normative expectations* (what we think others expect us to do or think). Those 'others' are people whose opinions matter to us and are known as a *reference group*. What social, economic, or political sanctions occur when someone violates the norm (the risk of nonconformance), whether anticipation of those sanctions influences behavior (*sensitivity to sanctions*), and in what situations exceptions are considered acceptable are also key to understanding norms in a project setting.

24 Heise, L. & Manji, K. (2016). Social Norms. GSDRC Professional Development Reading Pack no. 31. Birmingham, UK: University of Birmingham https://assets.publishing.service.gov.uk/media/597f335640f0b61e48000023/Social-Norms_RP.pdf

25 Stefanik, L. & Hwang, T. (2017). Applying theory to practice: CARE's journey piloting social norms measures for gender programming. Cooperative for Assistance and Relief Everywhere, Inc. CARE). <http://gender.care2share.wikispaces.net/file/view/care-social-norms-paper-web.pdf>.

DESIGN PRINCIPLES FOR SOCIAL NORMS PROGRAMMING

To guide and inform its work, CARE distilled 8 design principles for engaging with social norms change, drawing from academic and gray literature on the topic. These include:

1. **Find early adopters.** Often, people are already living their lives in positive ways that support girls' choices and opportunities. Find them.
2. **Build support groups of early adopters.** It can be hard to embody positive, rights-based change alone. Groups help support, encourage and trouble-shoot.
3. **Use future-oriented positive messages.** Help people imagine positive alternatives. Change is possible.
4. **Open space for dialogue:** Get people talking to each other about new ideas. Challenge the implicit assumptions that everyone holds the same views, experiences and preferences.
5. **Facilitate public debate:** Engage publicly with community members to debate on what is OK in this context.
6. **Expect by-stander action:** Move from envisioning possibilities of justice to action. This involves building community and accountability, so that people show up for girls' rights in their words and actions.
7. **Show examples of positive behavior in public.** Demonstrate that the positive shift we hope for already exists. And it is totally normal.
8. **Map allies and ask for their support.** Identify the resources and networks we need to support positive change for individuals, families and communities.

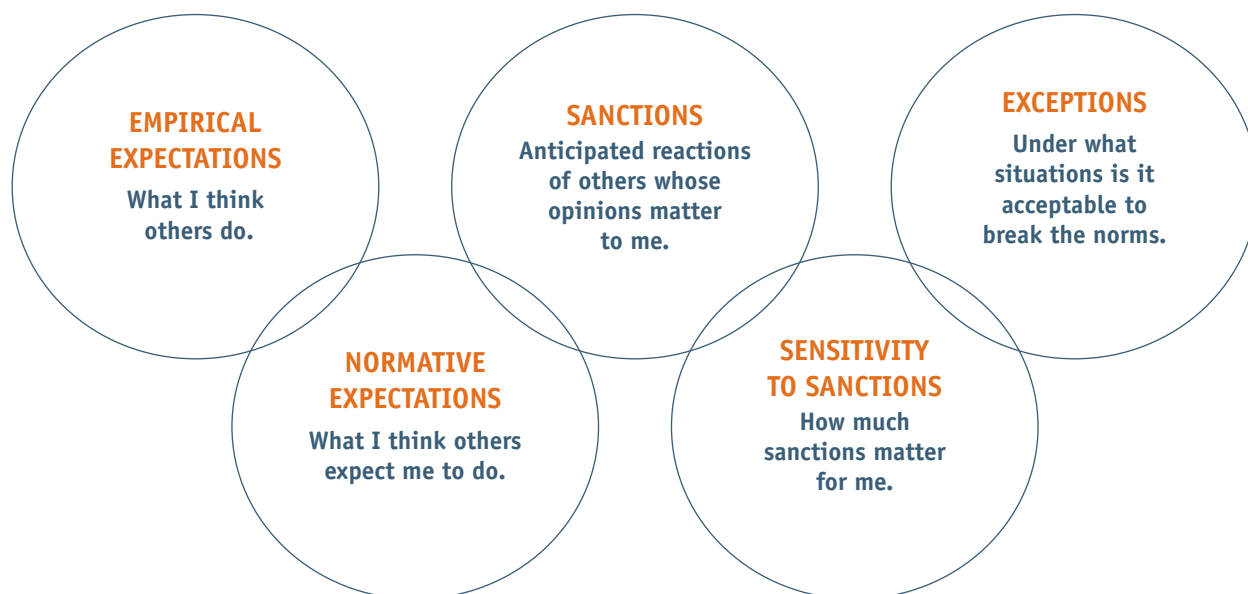


The application of social norms theory means designing and implementing programming that deviate from typical behavior change interventions, which target attitudes and behaviors through awareness raising and information sharing. CARE developed the **Design Principles for Social Norms Programming**, a set of 8 precepts to guide program strategy and challenge social norms that dictate gendered and harmful behaviors in communities without condemning or shaming them. We believe that by integrating these principles of positive social norms change, we will empower communities to envision and create alternative futures for adolescent girls that include education, marriages based on equality between spouses and shared power, and options for girls to follow their dreams. Our experiences to date have shown us the potential of this approach.

CARE SOCIAL NORMS ANALYSIS PLOT (SNAP) FRAMEWORK

SNAP was developed to measure the nature of specific social norms and their influence, and offers a useful framework to examine the initial reactions to a social norms focused activity.

Specifically, it examines any preliminary effects on:





CARE AND ITS PARTNER ADDIS CONTINENTAL INSTITUTE OF PUBLIC HEALTH (ACIPH) are implementing **Abdiboru** (“Hope for the future”), a five-year operations research project funded by the Bill and Melinda Gates Foundation to reduce the vulnerability of young adolescent girls age 10-14 in four districts of the Oromia region of **Ethiopia**. The project seeks to achieve three primary outcomes by 2020:

1. Increased agency and control among adolescent girls;
2. Improved health and development outcomes in adolescent girls; and
3. demonstrated support for evidence-based scale-up in Oromia Region. The project builds on the Toward Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA) project.²⁶

The program has been designed to compare a control arm with an arm that addresses improved government responsiveness and adolescent girls’ agency, and then to show the value of adding a social norms approach in a third arm. Through this initiative, CARE and ACIPH hope to answer two main learning questions:

1. How can transforming social norms contribute to the empowerment, education, and sexual and reproductive health and nutrition outcomes of very young adolescent girls?
2. What is needed to develop the evidence base for a model of social norm programming that can be scaled up by the government in a cost-effective way?

²⁶ http://www.care.org/sites/default/files/tesfa_2_pager_screen.pdf



WORKING IN 16 SUB-DISTRICTS OF NEPAL AND 90 VILLAGES IN BANGLADESH, CARE'S TIPPING POINT PROJECT in its first phase addressed CEFM through innovation, insight, and influence. It identified the root causes of CEFM and facilitated alternative paths for adolescent girls by highlighting their capabilities and voices, fostering parental champions for girls, promoting the equitable division of household labor, and improving intergenerational and sibling relationships. The project also influenced the way policymakers, donors, researchers and civil society approach the issue of CEFM and steered global discourse beyond short-term fixes. Tipping Point works with adolescent girls and boys, parents, community and religious leaders, and nationally with networks of social activists, experts, and government agencies. The Community Participatory Analysis²⁷ completed early in the project offers insights into vulnerability to child marriage, the specific drivers of the practice, and the dreams and reactions of adolescents affected by child marriage. A set of Social Norms Innovation Briefs²⁸ outline some of the project's norm change interventions incorporating the Design Principles for Social Norms Programming and early indications of their effectiveness. The project's virtual PhotoVoice²⁹ gallery speaks to the changes girls experienced in their lives. In its second phase, the project will be comparing a control arm with an arm that delivers holistic girl centered programming, and also will seek to show the value add of an intensive social norms approach in a third arm.

27 http://www.care.org/sites/default/files/documents/CARE_Tipping_Point_External%20Report_Web.pdf

28 <https://caringpoint.org/innovation/>

29 <https://caringpoint.org/innovation-photovoice/>

ACCOMMODATING COMPLEXITY IN GIRLS' LIVES

CARE's portfolio of work to empower adolescent girls includes programming across several sectors: girls' education, leadership skills development, sexual and reproductive health and rights, economic empowerment, and clean water and hygienic practices, especially in relation to menstruation. **Ending CEFM calls for progress in every aspect of girls' lives to create a social and physical environment that enables alternatives to CEFM.** To accommodate the complexity of adolescent lives, our programs often comprise several projects in a community that are coordinated into a multi-sectoral and holistic intervention. We also work with a broad swath of the society around adolescents—parents, governments, policymakers, religious leaders, national movements, and international fora, aspiring for the kind of change that will endure.



EXAMPLES OF CARE'S WORK

A strong and accessible education system with safe, welcoming sites of learning helps girls stay in school.



CARE **Bangladesh** implemented the **Accelerating Actions Towards Ending Child Marriage** (AECM) project that promoted the continuation of girls' education and provided sanitation facilities in schools, so girls would not have to miss class during menstruation.

Alternative options for girls who have already dropped out help them get back on track and fill gaps in school coverage.



CARE's programs like **Udaan** in **India** and **Nepal** and **Empowerment through Education** and **STAGES** in **Afghanistan** offer girls a path back into the academic process through a combination of Community-Based Education and Accelerated Learning Programs with the development of girls' leadership skills.³⁰

Income earning potential can raise a married girl's status in her family and community and empower her to set the terms within her marriage.



The **Towards Improved Economic and Sexual Reproductive Health Outcomes** (TESFA) project in **Ethiopia** empowered ever married adolescent girls with financial and health information and life skills, and the girls grew into advocates against early marriage for other girls.³¹

Adolescent-friendly sexual and reproductive health services prevent unplanned pregnancies that lead to dropout and early marriage.



The **Adolescent Reproductive and Sexual Health** project in **Bangladesh** built the capacity of local health posts to provide youth-friendly services;³² the **Community Score Card** initiative in **Malawi** helped identify a lack of reproductive health information for adolescents, which led to the formation of Youth Clubs for sharing information on sexual and reproductive health and pop-up clinics for HIV testing and counseling.³³

Ensuring implementation of legislation and government agency policies that benefit girls—which include but are not limited to laws about age of marriage—is essential to reach the most vulnerable.



The **Adolescent Empowerment Project** in **Kenya** aims to raise awareness across education and health facilities on policies about marriage, female genital mutilation, and the right of girls to return to school after childbirth.³⁴

30 <https://www.careindia.org/project/udaan-the-accelerated-learning-camp/>; <http://www.care.org/sites/default/files/documents/let-girls-learn-commitment-2016.pdf>; <https://www.care.at/projects/nepal-udaan-catching-the-missed-opportunity-access-to-quality-education-for-economically-and-socially-vulnerable-girls-in-nepal-npl942/>; http://www.ungei.org/GEC_Project_profiles_-_final_June_2014.pdf

31 <http://www.care.org/our-work/womens-empowerment/child-marriage/tesfa>

32 <http://gender.care2share.wikispaces.net/file/view/Men%26Boys+ARSHI+ppt.ppt>

33 <http://raisingthescore.org/put-your-dreams-on-hold/>

34 http://www.care.org/sites/default/files/documents/PCTFI_Cohort_3_Economic_Empowerment_Concept_Note_012716.pdf



IN BURUNDI, GIRLS IN THE POWER AFRICA³⁵ PROJECT'S VILLAGE SAVINGS AND LOANS ASSOCIATION (VSLA) GROUPS started income-generating activities that enabled them to continue their schooling without engaging in sexual activity to fund their education, which also prevented early pregnancies. Their status as business women gave them confidence and respect within their communities. Their livelihoods options have expanded as they have the power and respect to negotiate their future path, including being able to delay marriage and negotiate to keep their assets and businesses active. One unexpected outcome, however, was that some girls with very profitable businesses chose to leave school to run their businesses and instead fund the education of their younger siblings or other family members. While it is concerning that income-generating programming with young girls led them to leave school, it needs to be viewed in terms of the positive spill-over effects that girls' increased agency and income are having on their families. Given the complexity of adolescent girls' lives, CARE considers these kinds of changes thoughtfully when future programming is designed.

³⁵ <https://care.ca/power-africa>

CARE CEFM PROGRAMMING

AFGHANISTAN

Empowerment through Education
STAGES

BANGLADESH

Tipping Point
Accelerating Actions Towards Ending Child Marriage (AECM)
Adolescent Reproductive and Sexual Health

BURUNDI

Power Africa
Abatangamucho

BENIN

Working Together Against Early Marriage (TEMPS)

CÔTE D'IVOIRE

Gender Committees

DEMOCRATIC REPUBLIC OF CONGO

Vijana Juu*

EGYPT

Better Life Options
GBV response and prevention program

ETHIOPIA

Abdiboru (Hope for the Future)
Toward Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA)

GUATEMALA

Advocacy efforts with partners to reform the national child marriage law

INDIA

Udaan

JORDAN

Multisectoral protection program

LEBANON

Engaging Fathers - Enhancing gender quality and human rights for all through the promotion of notions of "positive fatherhood"

MALI

Working Together Against Early Marriage (TEMPS)

KENYA

Adolescent Empowerment Project

MALAWI

Community Score Card

NEPAL

Tipping Point
Udaan

RWANDA

Safe Schools for Girls (SS4G)

SOUTH SUDAN

Advocacy on the Child Act and the Penal Act to provide for the right to protection from CEFM

USA

Girls Not Brides Co-Chair

ZIMBABWE

Improving Girls' Access Through Transforming Education (IGATE)

*Correction: Earlier version of the report omitted this project by mistake.



BUILDING AGENCY AND SOLIDARITY

In contexts where CEFM is a prevalent practice, the power of a girl or young woman to make key decisions about her own life is very limited. CARE aims to create an environment where girls can build their capabilities, cultivate their aspirations instead of abandoning them, and pursue opportunities that expand their experience of the world. To achieve this vision, girls and young women need to believe in their own worth and feel confident asserting their opinions, preferences, and choices.

CARE's work includes cross-cutting life skills education that develops girls' relational and self-care skills, such as how to negotiate with parents about education and being able to fulfil their own dreams, being able to confidently respond to unwanted sexual advances, or having adequate knowledge to make informed choices in relationships and about their own health and bodies. For girls who do marry, these skills help them advocate for themselves in marital relationships and find empowering spaces in their new roles.

Building on in-depth research into the theory and practice of girls' leadership, **CARE developed the Girls' Leadership Model**, also known as Power Within.³⁶ The model emphasizes five competencies of girls that are essential to their agency: confidence, voice/assertion, decision-making, organization of thoughts and actions, and vision. Activities that develop these competencies include creative and physical endeavors like sports, drama, youth councils, art projects, and visits to girls in other communities. They also include group dialogues and life skills sessions that allow girls to practice expressing opinions, goal-setting, and making choices.

36 http://www.care.org/sites/default/files/documents/GE-2009-PW_Leadership.pdf and <http://www.care.org/sites/default/files/documents/Girls-Leadership-Program-Brief-Final-Feb-2012.pdf>

IN ETHIOPIA, THE TOWARDS IMPROVED ECONOMIC AND SEXUAL REPRODUCTIVE HEALTH OUTCOMES (TESFA)³⁷ PROJECT

worked with 5,000 married girls between the ages of 10 and 19 to mitigate the effects of early marriage. Peer-led support groups for girls created safe and supportive spaces to share experiences, learn about sexual and reproductive health, and gain financial skills through VSLA groups.³⁸ TESFA found that the approach increased girls' abilities in decision-making, communicating with husbands about sensitive issues like contraception and family finances, and negotiation with peers and relatives. In addition, the community participants and leaders became more active advocates for adolescent girls, especially against early marriage, and managed to stop over 150 arranged marriages in three years.

In many places, girls can become isolated from each other at just the point when they are likely to need the most support from peers, at the onset of puberty. CARE programs often provide safe spaces, places just for girls to come together, explore their sense of self, learn about themselves, and develop new skills together. Sharing personal experiences and growing side by side in a group setting builds solidarity among adolescent girls, which has its own empowering effect on confidence and agency and can be a catalyst for collective action.

37 <http://www.care.org/our-work/womens-empowerment/child-marriage/tesfa>

38 http://www.care.org/sites/default/files/tesfa_2_pager_screen.pdf

AS A PARTNER IN THE IMPROVING GIRLS' ACCESS THROUGH TRANSFORMING EDUCATION (IGATE)³⁹ PROJECT IN ZIMBABWE (led by World Vision), CARE facilitated school-based girls' clubs run by teachers. Power Within Clubs offered a supportive environment for girls to address the challenges they faced and stay in school, foster leadership skills, learn about their rights, and talk about sensitive issues like pregnancy, menstruation, early marriage, household chores, and time burdens. The girls developed confidence that spilled over into their academics—a randomized controlled trial indicated that Power Within Club members had significantly higher math and literacy scores than a control group at the end of the project.⁴⁰

39 <https://faweconference.files.wordpress.com/2017/09/care-addressing-barriers-paper.pdf>

40 <http://www.wvi.org/education-and-life-skills/igate-improving-girls-access-through-transforming-education>



IN RWANDA, PREVIOUS EXPERIENCE TAUGHT CARE THAT GIRLS NEEDED PSYCHO-SOCIAL SUPPORT from both groups and dedicated adult mentors. The **Safe Schools for Girls (SS4G)** project has four key interventions:

- The mentorship model as a tool to help teachers listen to the challenges and feelings that girls have and provide guidance;
- Savings and loan groups for financial, economic, business and entrepreneurial literacy;
- A school scorecard method for girls to provide feedback to school management on performance;
- “Engaged boys” groups to support girls’ education, learn about sexual and reproductive health, and prevent GBV in school.

MEN AND BOYS AS CHANGE AGENTS

CARE’s experience is that ending CEFM requires working proactively with men and boys who play key roles in the lives of girls, whether as fathers, brothers, uncles, future husbands, or community leaders. Our engagement with men and boys has grown from engaging them strictly as gatekeepers, whose permission is needed for women and girls to participate in program activities, to their development as allies for gender equality and girls’ and women’s empowerment. CARE’s **Engaging Men and Boys for Gender Equality Series**⁴¹ lays out programming elements that have contributed to the success of such programs, beginning with conscientization processes that ask men and boys to reflect on how rigid gender roles limit their own lives, opportunities, and relationships with family members of both sexes. From this foundation, it becomes much easier to challenge assumptions that men should be the primary decision-makers in the home, must control their wives and daughters’ behaviors and bodies, or have to be or appear to be sexually dominant. In our experience, men and boys find it a relief to discuss how confining gender roles can be.

Many of CARE’s CEFM programs bring girls’ fathers and brothers into conscientization processes that lead to discussions about girls’ rights and changed behaviors. Our **gender-synchronized approach** means that these processes take place alongside activities and advocacy to empower women and girls.⁴²

41 https://www.care.org/sites/default/files/documents/CARE%20EMB%20Brief%201_Web.pdf and <http://insights.careinternational.org.uk/media/k2/attachments/CARE-EMB-Brief-2.pdf>

42 <https://www.genderinpractice.care.org/>

The **Tipping Point** project in **Nepal** formed boys' groups for young adolescents separately from girls' groups. Following participatory gender analysis, adolescents wanted to strengthen the ties between sisters and brothers. They did so in a public version of *Raksha Bandhan*, a ceremony in which a girl ties a thread to her brother's wrist and asks for his protection. To equalize the roles of the sister and the brother, they performed the ritual by having each sibling tie a thread to the other's wrist, followed by a discussion of how brothers and sisters could best support each other to achieve their goals in life.⁴³

In **Mali** and **Benin**, the **Travaillons Ensemble contre les Mariages Précoces** (Working Together Against Early Marriage/ TEMPS) project established school clubs and youth camps for boys and girls and held discussions about gender equality, sexual and educational rights, and CEFM. Convinced that they could contribute to change, the students planned and conducted community events to talk about sexual and reproductive health and CEFM. The project also built relationships with law enforcement and religious leaders to identify allies and supported VSLA groups for already married girls. An evaluation found that 74% and 76% of men (and 60% and 76% of women) in Mali and Benin, respectively, felt they had necessary capacities to advocate for the rights of women and girls. Also, the evaluation found a 15% decrease in Mali and 26% decrease in Benin of community leaders (traditional authorities, local and religious elected representatives) who are involved in advocating for early / forced marriage.⁴⁴

43 https://caretippingpoint.org/wp-content/uploads/2018/02/CARE_TP_Innovation-Brief_Raksha-Bandhan.pdf

44 <https://care.ca/fr/projet-temps>; <https://care.ca/temps-project>



The **Better Life Options program** in **Egypt** trained 360 female adolescents and 160 male adolescents as peer educators. In groups of five, they met weekly with a project mentor to talk about child's rights, early marriage, puberty, gender equality and the importance of education, particularly for girls. In the community, peer educators held puppet shows, interactive dramas, and group drawing and story-telling events covering the same topics.

In **Bangladesh**, the **Tipping Point** project held a series of competitions for men and boys testing their skills in tasks that are usually deemed to be for women and girls only, like cooking and sewing. Through public discussions following each event, the community began to see that quite a few men do engage in domestic work, and there is no shame in it.⁴⁵ The work men and boys do at home frees up time for girls to study and pursue their own interests, as girl photographers captured in a **PhotoVoice** project entitled '**It Takes a Village**.'⁴⁶



45 <https://caringpoint.org/wp-content/uploads/2016/02/care-tipping-point-amra-o-korchi.pdf>

46 <https://caringpoint.org/innovation-photovoice/>

In **Côte d’Ivoire**, CARE assisted the establishment of **Gender Committees**—locally appointed teams of two men and two women who are trained as leaders for gender change in their communities. Village members contact them when they hear of cases of CEFM, domestic violence, or other harmful practices, and Gender Committee members respond with counseling, referrals, and dialogue with local leadership. They also lead the community in couples’ dialogues, skits, conflict mediation, debates, and other community-designed responses to gender inequality to support women and men to make individual changes in their lives until the social norms of the whole community begin to shift.⁴⁷

CARE **Burundi’s Abatangamucho** program works with community-embedded male change agents who have a strong impact on gender equity at the community level and girls’ presence in commercial centers.⁴⁸

CARE **Lebanon** is implementing **Engaging Fathers - Enhancing gender quality and human rights for all through the promotion of notions of “positive fatherhood.”** This initiative aims at creating a pathway for enhancing the role of fathers in the lives of their children in a positive, equitable, and non-violent way to address key concerns related to gender equality and child protection. Great care is given to embed issues into messages around positive fatherhood that are identified and formulated by the participating fathers and adolescent boys and girls themselves. One topic that has emerged from the work with fathers is the prevention of CEFM, recognizing that fathers have a strong role in perpetuating—and thus also in preventing—this form of GBV.

With the engagement of men and boys, multiple projects within CARE report changes among households in terms of decision-making patterns at home, reductions in alcohol abuse and domestic violence, more cooperative and equitable divisions of labor, and better spousal communication. CARE also knows that working with boys means working with future husbands. At the family level, the onus of preventing CEFM is nearly always seen to lie with future brides and their families rather than future grooms. CARE is innovating approaches that involve prospective grooms and their families in ending CEFM. Where boys also marry at young ages, such as in the Terai region of Nepal, CARE finds that former child grooms are strong allies for delaying marriage. Our multimedia report, **‘Dads Too Soon: The Child Grooms of Nepal,’** explains more about the forces driving boys as well as girls to be married as young as age ten.⁴⁹

⁴⁷ <https://care.ca/power-africa> - further documentation of POWER Africa Gender Committees in Côte d’Ivoire is forthcoming.

⁴⁸ <https://power.care.ca/>

⁴⁹ <http://childgrooms.care.org/>



BRINGING INSIGHT TO ADVOCACY

CARE recognizes the importance of legal frameworks and political will in ending CEFM around the world. Besides age of marriage laws, laws on inheritance, child custody, citizenship, sexual assault, land ownership, rights in divorce, education, financial independence, and other matters can become incentives or disincentives to CEFM. Although most countries prohibit marriage before the age of 18, many countries have special exceptions to age of marriage limits for certain religious or ethnic groups or in certain circumstances, such as pregnancy or when parents consent to the marriage. Laws that exist are often poorly enforced in countries with high CEFM prevalence due to the power of tradition and existing social norms, corruptible civil registration and vital records institutions, the lack of implementation of policies that ensure access to safe alternatives for girls, and many other factors. Yet, strict enforcement of laws against CEFM cannot be a standalone strategy—in our experience, this approach only serves to drive CEFM underground. Rather, strong legislation is a tool to enable societal change and nudge social norms in a positive direction.

CARE works with national governments, regional and local bodies, and multilaterals to advocate for policy improvements, greater resourcing for programs addressing CEFM, stronger accountability of duty bearers, and international target setting. We bring our strong commitment to gender equality and adolescent rights to these conversations, along with a bold approach to sensitive issues like sexuality, GBV, and power dynamics, as reflected in our joint brief **Child, Early, and Forced Marriage and the Control of Sexuality**.⁵⁰ Whenever feasible, we amplify the voices of adolescent girls by seeking their representation at the table and facilitating their meaningful participation.

⁵⁰ <http://www.care.org/sites/default/files/documents/Greenworks-brief-CEFM-color.pdf>

As co-chair of **Girls Not Brides-US**, CARE has undertaken advocacy for nearly a decade to urge increased US government action on CEFM globally, including through bilateral and multilateral diplomacy, development programming and policymaking, resourcing of gender equality initiatives, and ensuring adolescent girls remain a population of concern in US foreign policy. CARE and partners shared evidence and input⁵¹ to influence a whole of government approach to CEFM, which was reflected in the first ever US Global Strategy to Empower Adolescent Girls (2016), the White House’s Let Girls Learn initiative, and legislation in the US Congress. CEFM has also been a focus of several annual CARE National Conferences, which bring together citizen advocates in the US to learn about priority issues and advocate with their government representatives for sound policy and resourcing.

CARE organizes events around key moments in international and national dialogue on CEFM, including for the **International Day of the Girl** and **16 Days of Activism Against GBV**. Since playing an important role in the first global Girl Summit in London, 2014,⁵² we have facilitated conversations and brought insight to various other girl-focused and CEFM convenings, including co-organizing annual **Girl Summits** in the **US**⁵³ and a number of national-level girl-focused conferences in **Nepal** and **Bangladesh**, where we regularly host adolescents from the Tipping Point project for consultations with national policymakers.⁵⁴

CARE also joins the **United Nation’s Commission of the Status of Women** (CSW) sessions each year and has contributed to various events on CEFM and other topics related to adolescent girls. In 2017, for example, we co-hosted a CSW side -event with the governments of Colombia, Nepal, and Zambia on “expanding pathways to economic justice for adolescent girls and young women.” The discussion touched on solutions to structural issues that undermine girls and women’s access to economic opportunity, including unpaid work, harmful gender norms, practices such as CEFM and the importance of sexual and reproductive health services and information.⁵⁵ In 2018, CARE and other members of the Gender and Adolescence: Global Evidence (GAGE) consortium, organized a side-event at CSW focused on the impact of gender-based violence on the lives of adolescent girls in developing countries and humanitarian crises. CARE USA CEO Michelle Nunn was one the key speakers on the panel and spoke about CARE’s Tipping Point project, highlighting the project’s innovative strategies to shift social norms, including through engagement of men and boys in efforts to prevent CEFM.⁵⁶

The **Bangladesh Child Marriage Restraint Act** (CMRA), adopted in February 2017, sets the minimum age of marriage at 18 but includes a provision allowing marriage at any age under “special circumstances.” These circumstances are not specified, but statements by government officials suggest that they could include rape and pregnancy. CARE Bangladesh has organized various national level advocacy events to encourage the government to further clarify

51 https://www.girlsnotbrides.org/wp-content/uploads/2015/07/GirlsNotBrides_CEFM_Brief_WebReady-1.pdf; https://caringpoint.files.wordpress.com/2016/04/care_tipping-point_policy-brief_web.pdf

52 http://www.care.org/sites/default/files/documents/CI%20position%20on%20the%20Girl%20Summit_final%20170714.pdf

53 <https://www.cgdev.org/event/girl-summit-dc-2016-keeping-our-promises-adolescent-girls>

54 <https://caringpoint.org/wp-content/uploads/2016/03/idgc.pdf>

55 <https://caringpoint.org/wp-content/uploads/2016/03/csw-event-write-up.pdf>

56 <https://www.odi.org/events/4547-girls-women-gender-based-violence-across-life-course>

this exemption and to do additional consultation with civil society stakeholders working on CEFM issues.⁵⁷ CARE Bangladesh has also partnered with the University of Dhaka to conduct a comparative study examining the impact of this type of legislation in other countries, and developed a policy brief targeting the CMRA.⁵⁸

CARE USA worked with the Aspen Institute's Planning & Evaluation Program to develop and pilot a set of tools to measure the impact of CARE's advocacy work on CEFM with US Government officials. The tools and results of the pilots were published in a 2017 report titled **Evaluating Advocacy for Policy Implementation: A Pilot of Two Tools**.⁵⁹

In **Nepal**, CARE was one of the technical leads in the development of the **National Strategy to End Child Marriage**.⁶⁰ CARE Nepal provided leadership under the strategy's pillar on social norms, especially on the importance of positive intra-household relationships and family dialogue to girls' autonomy.

CARE **Egypt** played an active role in designing the **National Strategic Framework for Ending Violence against Children** with the National Council for Childhood and Motherhood (NCCM) and served as a member of the national task force on ending violence against children led by UNICEF and NCCM. The strategy framework pays particular attention to sexual violence, FGM, and CEFM.

As **South Sudan** begins its journey as an independent nation, CARE South Sudan has been an advocate for legal frameworks related to GBV, including Article 15 of the Transitional Constitution, which prohibits subjecting children to negative and harmful cultural practices that affect health, welfare or dignity. CARE has contributed to shaping key provisions in the **Child Act and the Penal Act to provide for the right to protection from CEFM**, with both government and society responsible to ensure that CEFM and other harmful cultural and social practices are abolished. Still, there is little knowledge of such legislation related to children, marriage and sex within local communities and institutions such as the police and traditional courts. In early 2017, a taskforce to end child marriage was launched by the Ministry of Gender, in collaboration with partners.

CARE **Guatemala** helped bring about reform in the **national child marriage law** through advocacy with partners. Child marriage was outlawed in 2015, but legislation left some cases to the discretion of a judge, who can grant marriages 'in the best interests' of the child. Fortunately, that loophole is now closed, and marriage before the age of 18 is now entirely banned.

57 <https://caretippingpoint.org/wp-content/uploads/2017/08/Analysis-Child-Marriage-.pdf>

58 <https://caretippingpoint.org/wp-content/uploads/2017/12/Policy-Brief-final.pdf>

59 https://caretippingpoint.org/wp-content/uploads/2017/06/CARE_TP_Aspen-Brief_Spreads.pdf

60 <http://unicef.org.np/media-centre/press-releases/2014/08/11/nepal-commits-to-end-child-marriage>; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30713-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30713-9/fulltext)

ADDRESSING CEFM IN EMERGENCIES AND HUMANITARIAN CRISIS

Globally, we know that CEFM increases during emergencies and humanitarian crisis in populations that practice it. CARE's experience with communities in or recovering from a crisis is that marrying girls out of the household is a coping strategy in times of stress. Often, parents feel they are protecting their girls from the threat of sexual violence perpetrated by armed forces or opportunists in overcrowded camp settings. The paradox that many child brides have not consented to sex with a husband is explored in CARE's **To Protect Her Honour: Child marriage in emergencies – the fatal confusion between protecting girls and sexual violence**.⁶¹ Yet, when emergencies hit, the problem of CEFM is often ignored by humanitarian agencies and governments until rates have mushroomed. For example, UNICEF reported that CEFM among girls aged 15-17 in the Syrian population in Jordan increased from 12% in 2011 to 32% in 2014.⁶² There have been similar reports of increases in child marriage in Syrian refugee populations in Lebanon, Egypt, and Turkey.⁶³

CARE believes that prevention of CEFM in refugee and internally displaced persons (IDP) populations needs to start at the onset of a crisis response, before the practice starts to increase. We are working on building registration systems, intake forms, and protection offices that capture the vulnerabilities of both married and unmarried adolescent girls, including those younger than age 15; providing sexual and reproductive health services to girls who have not yet begun childbearing; and collaborating with agencies across borders to reduce unintended incentives to marry, such as giving preference to men with wives over men traveling alone.

61 <https://data2.unhcr.org/en/documents/download/59751>

62 https://www.unicef.org/media/files/UNICEFJordan_EarlyMarriageStudy2014-email.pdf

63 <http://data.unhcr.org/syrianrefugees/download.php?id=13413>



In the **MENA** region, **CARE's Impact Growth Strategy to Address GBV** is focused on CEFM, domestic violence, and sexual harassment. The **FY17 Impact Report** highlights CARE's efforts to ensure that education and other programs recognize girls at risk of being married and intervene with families including through conditional cash transfers for education in **Jordan**; and using a positive deviant approach to generate dialogue about opportunities beyond marriage for displaced girls in **Lebanon**.⁶⁴ We also work to elevate the voices of adolescent girls through their participation in sectoral coordination clusters and camp leadership bodies.

CARE'S SYRIA RESPONSE IS USING INNOVATIVE METHODS TO ADDRESS CEFM. In **Turkey**, CARE is working with Syrian refugees through their Information Volunteers, who inform the displaced community about the physical and social impacts of child marriage. The program is based on peer education, learning theory, and the health belief model, based on an understanding of the health, protection, and psychosocial impacts of early marriage. The Information Volunteers serve as entry points for case management by promoting referral pathways for GBV and psychological first aid (PFA). They also support the community psychosocially through activities and events. Early feedback from the communities in Turkey suggests that the work of the Information Volunteers has prevented child marriages.

In **Northern Syria**, CARE and its local partner, in collaboration with UNFPA, engage pregnant adolescents and adolescent mothers through young mothers' groups, where they receive information and referrals related to sexual reproductive health (SRH) and GBV including awareness raising on CEFM and healthy timing and spacing of pregnancies.

CARE's work in the Syrian diaspora throughout the rest of the MENA region mainstreams GBV mitigation, prevention and response. In **Jordan**, a multi-sectoral protection program provides clients with services to address specific economic and social vulnerabilities, reducing stressors on families that can lead to girls being married out of the household. Households with girls at risk of CEFM or child labor can participate in the Conditional Cash for Education program. Monthly payments are made to the families, and children's school attendance and performance are monitored. Psychosocial sessions are also provided to ensure that children can perform well and parents know how to support their education. CARE **Egypt** operates a stand-alone, comprehensive GBV response and prevention program that regularly responds to child marriage cases. In **Lebanon**, CEFM is considered in all of CARE's gender sensitive programming on social protection, water and sanitation, and shelter. CARE Lebanon is also identifying positive deviants—girls aged 15-18 who successfully transitioned into secondary school and avoided early marriage—to learn what accounts for their success and how relevant conditions or strategies can be spread to other families.

⁶⁴ <https://www.care.at/wp-content/uploads/2017/12/CARE-IGS-MENA-Final-2017-compressed.pdf>

Armed conflict and natural disaster can also disrupt the educational paths of girls or other alternatives to marriage through the destruction of facilities, weakened social systems, or displacement of families who move to safer locations. CARE's expertise in education in emergencies is being deployed in many humanitarian settings around the world. In the conflict affected province of Khost, **Afghanistan**, CARE piloted the **Empowerment through Education**⁶⁵ which established lower secondary community based education (LSCBE) classes, creating opportunities for adolescent girls to continue their schooling in a safe and culturally appropriate environment. LSCBE classes combine curriculum subjects, leadership skills development, and vocational training, creating a pathway for future employment. An intensive process of community mobilization and development of local capacity for education governance, combined with a recognition of the contribution of girls' newly acquired skills to the household, increased acceptance of new roles for girls and contributed to a shift in perceptions of acceptable behavior for boys, reducing harassment. LSCBE has an 87% retention rate among female students. Out of the LSCBE graduates, 90% of the girls were able to complete high school after transitioning into formal upper secondary classes. The LSCBE approach is currently being scaled up to other areas of the country.

Alternative education is also making an impact in newly liberated areas of **Somalia** such as Kismayu, where CARE has established alternative education centers for older students who never finished primary school. CARE also engages a number of partners to mobilize **Community Education Committees** to address

gender roles and support education for girls (rather than early marriage), along with other activities for internally displaced children living in camps near Mogadishu. CARE also runs vocational programs that help adolescents avoid working for combatants and pirates.

The Vijana Juu⁶⁶ project in **Democratic Republic of Congo**, where 37% of girls are married by age 18, engaged adolescents and young people in collaboration with local faith-based organizations to improve access to respectful, high quality youth-friendly sexual and reproductive health services and information. Because the program area has been affected by conflict for many years, the adolescent IDP population was key to creating flexible delivery models through safe spaces, satellite clinics and peer networking. At the end of the project, adolescent fertility had dropped, SRH services and contraceptive use had increased, and adolescents reported they were remarkably more self-confident about accessing contraceptives.

65 <https://www.care.org.au/wp-content/uploads/2017/12/Impact-Summary-Empowerment-through-Education-FINAL-1.pdf>

66 <http://www.care.org/work/health/sexual-and-reproductive-health-and-rights/what-we-do/family-planning/vijana-juu>; <https://www.girlsglobe.org/2017/10/11/keeping-girls-healthy-drc/>

SUMMARY



CARE’s CEFM work focuses in high prevalence countries and regions and our projects range from small pilots in localities to large consortium initiatives partnering with government and UN agencies.

We have addressed CEFM in isolated rural geographies, semi-urban and urban settings, and in refugee and IDP populations. The approaches we apply—making existing systems work better, shifting social norms, developing male allies, and fostering girls’ agency—have shown the greatest promise in generating lasting change.

CARE is committed to doing its part in reaching SDG 5.3 and ending CEFM, not only because of the negative effects an early marriage can have on a girl—maternal mortality and morbidity, psychological trauma, forced sex and physical abuse, and reduced earning potential—but also because girls deserve the full experience of personal development, reached potential, and rights fulfilled, according to their own terms. Our approach reflects our unfailing commitment to gender justice and 70 years of experience in social change work.



www.care.org

International Secretariat

Geneva

Chemin de Balexert 7-9
1219 Chatelaine, Geneva
Switzerland
T) +41 22 795 10 20
F) +41 22 795 10 29
www.care-international.org

Representation Office to the United Nations

New York

777 First Avenue
5th Floor
NY 10017 New York
U.S.A.
T) +1 212 687 3181

Representation Office to the European Institutions

Brussels

Rue du Trône 12
B-1000 Brussels
Belgium
T) +32 2 502 43 33

Coordinating Offices

CARE Australia

www.care.org.au

CARE Canada

www.care.ca

CARE Danmark

www.care.dk

CARE Deutschland-Luxemburg

www.care.de

CARE France

www.carefrance.org

CARE International Japan

www.careintjp.org

CARE India

www.careindia.org

CARE International UK

www.careinternational.org.uk

CARE Nederland

www.carenederland.org

CARE Norge

www.care.no

CARE Österreich

www.care.at

CARE Peru

www.care.org.pe

Raks Thai Foundation (Thailand)

www.raksthai.org

CARE USA

www.care.org

Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 93 countries and reached 63 million people around the world. To learn more, visit www.care.org.

PHOTO CREDITS: Cover: © 2013 Josh Estey/CARE; Contents Page: Peter Catons Mac; Page 1: © 2014 Erin Lubin/CARE; Page 2: © 2013 Josh Estey/CARE; Page 4: © 2014 Erin Lubin/CARE; Page 7: © 2014 Johanna Mitscherlich; Page 8: © 2013 Josh Estey/CARE; Page 9 Top: © Meraz Uddin Talukder/ASD; Bottom: © 2016 Karuna Thapa/CARE; Page 10: © 2014 Sumiti Neogy/CARE; Page 12: © Lucy Beck/CARE; Page 14 Top: © 2015 Christine Harth; Middle: © 2017 Tite Nyabenda/CARE; Bottom: © 2017 Mary Kate MacIsaac/CARE; Page 16: © 2016 Christensen Phillip/CARE; Page 18: © 2013 A. A. Mohamed Shafeer/CARE; Page 19: © 2016 Dhana Chaudhary/SSS; Page 21: © 2013 Allen Clinton/CARE; Page 25: © 2013 Job Mainye; Page 27: © 2016 Mary Kate MacIsaac/CARE