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Combating Child Marriage in Rural Ethiopia

Lessons learned from CARE's Abdiboru programme

Approximately 12 million girls worldwide are married each year before reaching their 18th birthdays.

In Ethiopia, where early marriage is illegal, still nearly 40% of all girls are married before age 18 and 14% are married before they reach the age of 15. Child, early, and forced marriage (CEFM) has devastating consequences for young girls, increasing their risk of poverty, illiteracy, violence, poor health, and even premature death. The drivers of CEFM are numerous and varied, but ultimately the practice is rooted in gender inequality, and the valuing of women and girls less than their male counterparts. Ending CEFM requires a more just and equitable society everywhere.

In attempts to make progress toward this goal, CARE implemented the Abdiboru programme in the West Hararghe zone of Oromia in Ethiopia between 2016 and 2019. Funded by the Bill & Melinda Gates Foundation, with research support from the Addis Continental Institute of Public Health (ACIPH), Abdiboru worked to improve girls' health and developmental outcomes and reduce their vulnerability to early marriage.



BACKGROUND

In the operational woredas of the Abdiboru programme (Boke, Chiro, Doba, and Mesela) CEFM is commonly practiced. In these communities, marriage is seen as a blessing from God and those who marry early are considered lucky. Some girls are married as young as 12, although most participating in Abdiboru were married around 14 or 15. For the most part, these marriages are planned and organized by the girls' families, although some girls or couples will initiate marriage without parental approval.

Once married, a girl's decision-making and influencing power within her new household is likely to be limited because she is young and holds a lower status. She is typically required to perform most of the household tasks and has few opportunities to leave home to pursue education or economic opportunities. Married girls tend to drop out of school at lower grades, which may mean a lifetime of illiteracy and innumeracy. Even if they stay in school, it is harder to dedicate time to studying because of their heavy household workload.

Both unmarried and married girls must contend with harmful beliefs and gender norms that restrict their activities and lives. In Abdiboru programme areas, many girls lack access to nutritional foods, health services, and information about their bodies. They are taught to listen to their parents until they are married, at which point their behavior is governed by their husbands and mothers-in-law. Their own desires and aspirations are rarely taken into account. When poverty limits parents' ability to adequately provide for everyone in the household, girls are typically the first to have opportunities delayed or taken away. As one father explained, "A girl may need to wait her turn... until her brother completes high school, to go for high school education, if her parents cannot afford to send both at the same time."

PROGRAMME OVERVIEW

CARE has decades of experience working toward gender equality, and in that time, we have found that change must take place and be sustained in three domains – agency, relations, and structures – to achieve impact. Abdiboru was designed with this in mind, so programme activities intentionally address one or more of these domains.

Agency

CARE’s gender equality framework defines agency as one’s consciousness, confidence, self-esteem, aspirations, knowledge, skills, and capabilities. Researchers have found that lack of agency and self-determination among adolescent girls limits their access to education, mobility, nutrition, age at marriage, choice of marital partner, and decision-making power over use of contraception and childbearing. Abdiboru sought to support the agency of girls participating in the programme by inviting them to join Village Savings and Loan Associations (VLSAs), where they gained access to financial resources and gained space to learn about and discuss sexual and reproductive health (SRH), nutrition, and various life skills including communication and negotiation.

Relations

Power relations affect all of us and impact how we live our lives at home and in our communities. Achieving gender equality requires challenging and changing unequal power relations wherever they occur. Community norms and beliefs about gender, age and power play a critical role in determining the parameters of adolescent girls’ lives and shaping views on sexual behavior, marriage, and childbearing. Abdiboru used CARE’s Social Analysis and Action (SAA) tool to guide critical reflection and community actions to address biases and discriminatory norms that undermine girls’ empowerment and development.

Structures

Laws, policies, practices, and institutions all structures that CARE seeks to transform in pursuit of gender equality and women’s/girls’ empowerment. Too often these structures operate in a way that does not adequately consider the needs of adolescent girls or respond to the reality of their lives. CARE’s Community Score Card® (CSC) approach was used in Abdiboru to bring together girls with facility and government representatives to identify and solve challenges girls face when trying to access services.



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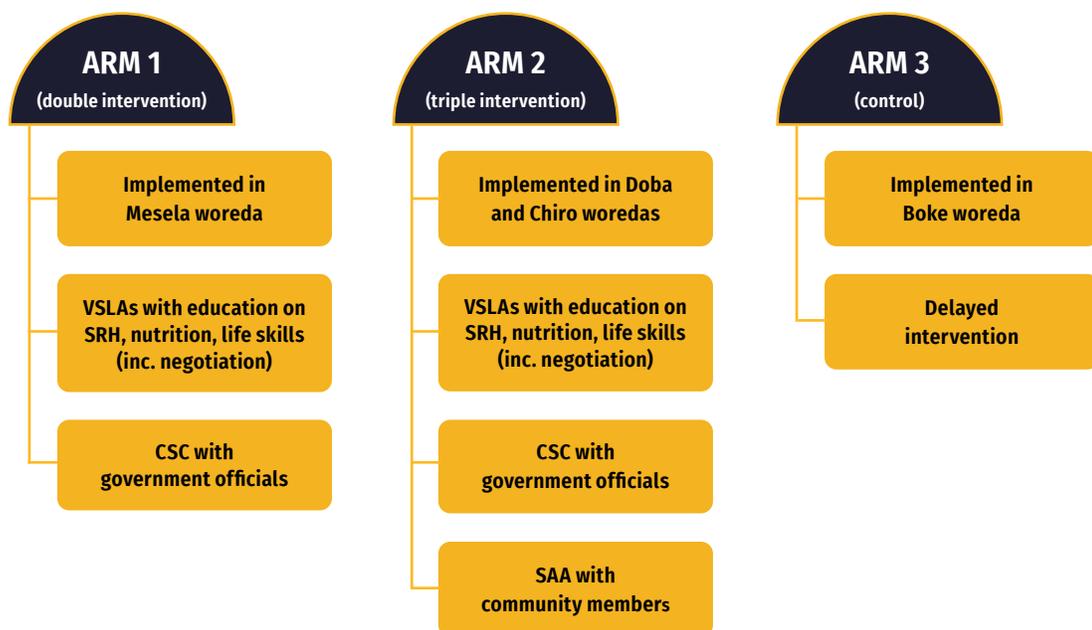


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EVALUATION DESIGN

CARE and ACIPH selected a quasi-experimental, mixed-method design for the programme evaluation, dividing participants into one of three distinct approaches or ‘arms’: a double-intervention arm, a triple-intervention arm, or a control/delayed intervention arm (see **FIGURE 1**). Quantitative and qualitative data was collected and analyzed from project participants to determine which intervention arm achieved the most progress in the empowerment of girls and shifting attitudes and social norms around early marriage, girls’ education, nutrition, and sexual and reproductive health and rights. Researchers measured and analyzed the progression in both empirical and normative expectations – what people think others do (empirical) and what they think people expect them to do (normative) – and considered how these affect individual behaviors and attitudes.

FIGURE 1: Abdiboru implementation arms and interventions



RESULTS

Early marriage

A significant percentage reduction in early marriage was observed in all Abdiboru intervention arms from the baseline, with the largest reduction (44.1%) being observed in the triple-intervention arm. Adolescent girls' control over whether or not to marry, who to marry, and when to marry also significantly increased over the life of the programme. The proportion of girls reporting that they have a say in whether or not to marry or not increased from 60% at baseline to 77% at end-line. Many also reported having influence over who they marry, with the proportion increasing from 58.19% to 68.7% end-line (in the triple-intervention arm).

Schooling

School continuation after marriage also improved significantly in programme areas. At baseline, two in ten girls reported continuing school after getting married, while almost half of girls reported doing so in the end-line survey. Additionally, in the triple-intervention arm, the proportion of girls who agreed with the statement "most girls in the community now have the same opportunity in education as boys" increased from 63% to 85%, and girls who felt their school was "very supportive of girls' needs" also increased significantly from 39.1% at baseline to 49.8% at end-line.

Sexual and reproductive health

Contraceptive use is rare and generally considered unacceptable in rural Ethiopia, even among married women and girls. Abdiboru saw some progress in this area, with 41.2% of girls who reported ever having sexual intercourse using a contraceptive method at end-line compared to 34.8% at baseline. Knowledge about puberty and favorable norms around sexual and reproductive health also improved significantly over the course of the programme.

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Nutrition and food allocation

Social norms around nutrition and food allocation – what, when, and how much girls are allowed to eat – shifted to be more favorable in both intervention arms, but most significantly in the triple-intervention arm. As one girl's husband explained: "[Now] we all eat together without any discrimination. Earlier, the males would eat the best food and first, but not so much these days."

Life skills

The percentage of girls reporting hopes for the future increased across all three arms. Girls' aspirations broadened (marriage no longer being the ultimate goal), and their confidence increased. Many reported that they felt comfortable challenging early marriage and speaking in public spaces, which would not have been true before participating in Abdiboru. A majority of girls (more than 80%) also reported high confidence in their own negotiation skills at end-line. Some change was noted around mobility and free movement, with more than one third of girls across all arms saying that girls can go out from their homes if they want to.

Overall, the triple-intervention arm saw the most significant impact in reducing early marriage, increasing girls' agency and autonomy, improving school enrollment and attendance, and shifting harmful social norms.



CHALLENGES AND ADAPTATIONS

Instability

Political turmoil and social unrest in Ethiopia in March 2018 interrupted services and disrupted implementation of programme activities. A state of emergency was declared on two occasions during the life of the Abdiboru programme, leading the government to restrict free movement and ban gatherings. At times roads were blocked, schools and markets were closed, and some houses and business were even burned down. Participants shifted their focus to survival, and programme activities were put on hold until it was safe to resume.

Boys feelings of exclusion

Abdiboru primarily worked with young adolescent girls (age 10-14 at start of programme), because they are the most constrained and threatened by structural determinants that limit their economic opportunities, health, and wellbeing. However, many boys in rural Ethiopia also feel isolated and poorly treated. Boys in the Abdiboru programme areas did not understand why they were not invited to participate in programme activities, so some would occasionally disrupt the girls' group meetings. Two Abdiboru staff members were even confined for two hours by youth activists when they went to conduct supportive supervision. As the programme progressed and Abdiboru messaging spread to boys and

men, many grew less resentful and stopped being hostile and disruptive. They became more supportive of their girl family members participating in the project and even began organizing themselves into boys' groups, holding regular discussion sessions and saving money together. Still, this experience highlighted the importance of engaging men and boys to advance gender equality.

Accessibility of programme guidance

As the logistics of running a VSLAs can be complicated even for adults, the girls also struggled at first to understand and manage their group responsibilities. Programme staff realized soon after implementation began that the facilitator guidance materials did not sufficiently account for the literacy level of the adolescent girls participating. Although they were translated into the local language and adapted to be age-appropriate, the written materials were still inaccessible for those who could not read or write. This finding was fairly consistent across girls' groups, with in-school girls not significantly outperforming their out-of-school counterparts, raising additional concerns around the quality of girls' education in programme areas. Concentrated effort from programme staff was required to support VSLA documentation processes and to find ways to make the sessions more interactive to keep the young girls engaged.

CONCLUSION

Abdiboru offers unique insight in working with younger adolescent girls in support of their agency, livelihoods and sexual and reproductive rights. In implementing this programme, CARE learned many lessons in how to adapt VSLA methodologies to work with this particular age group. Evaluation findings indicate that Abdiboru contributed to a reduction in CEFM and helped to shift social norms to be more supportive of girls' health, empowerment, and overall wellbeing. The triple-intervention arm, which included community discussion sessions around issues affecting girls' health and wellbeing, achieved the most significant results, demonstrating the importance of engaging with the broader community and stakeholders to create an enabling environment for girls to thrive.



More information on Abdiboru implementation, learning, and results can be found in the **evaluation report**.