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Re-IMAGINE: Delaying Marriage and Childbirth to Improve Adolescent Girls' Self-Determination and Opportunity in Niger

Girls in Niger experience the world's highest rates of child marriage and adolescent pregnancy and have the highest fertility rate in the world. These statistics, combined with some of the lowest levels of secondary education in Sub-Saharan Africa, perpetuate the high rates of child marriage and early and frequent childbearing.¹ Child marriage and early childbearing drive high levels of young girls experiencing maternal mortality and morbidity, limits their educational opportunities, and places them at a higher risk of [violence](#). CARE works to end child marriage by **empowering girls** to assert their rights, **mobilizing families and communities** to support them, and **influencing policies** to protect them.

Program Snapshot

Life of Project: 2024 – 2029

Geographic Focus: Zinder Province, Niger, West Africa

Lead Partner: CARE

Partners: SongES, University of California San Diego, University of Washington, GRADE Africa

Budget: \$6.2 Million

[Evidence from CARE programs](#) and other interventions shows that addressing child marriage at scale requires multiple approaches, interventions, and groups of people to address the problem.² CARE works holistically with girls to improve their ability to make informed choices about their futures. It engages men, boys, and community leaders to shift perspectives and cultural norms that hinder opportunities for girls and women. Additionally, CARE builds financial skills and livelihood opportunities for women and girls to expand economic opportunities beyond marriage. In tandem, improving girls' **education, health, and economic opportunities** help protect them from early or forced marriage.

Building on the learning of IMAGINE

While much work has been done to meet the needs of young, married girls in Niger, significant needs persist. The Gates Foundation-supported Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) research project takes a comprehensive approach to improve the capabilities and autonomy of married girls. Through IMAGINE, girls formed collectives that helped

¹ 76% of girls are married before 18; 147/1,000 girls aged 15-19 have given birth versus the average of 94/1,000 in Sub-Saharan Africa. Only 15% of adolescent girls have completed lower secondary education.

² <https://genderdata.worldbank.org/en/economies/niger#:~:text=147%20of%20every%201%2C000%20girls,rate%20in%20its%20income%20group.>

² <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-01044-z>

them take control of their own paths in life. The project worked to remove barriers that prevented girls from delaying childbirth and offered new economic opportunities, giving them viable alternatives to early motherhood.

Girls in [IMAGINE interventions](#) in Niger and Bangladesh demonstrated:

- Increased participation in economic activities that resulted in generating their own income and improved their financial and social standing
- Increased visits to health providers and the adoption of contraception, including safe, modern methods, with higher rates of use by those who had given birth before.
- Improvements in knowledge about pregnancy, approaches to family planning, delaying childbirth, and creating income.
- A decline in beliefs about family planning myths and increased self-determination among youth to visit a health facility and engage in economic activities.³

CARE is building on the lessons learned from the IMAGINE project and our years of experience of ending child marriage to implement Re-IMAGINE—an evidence-based program that helps girls learn about and take control of their bodies, their roles in society, and their futures.⁴

Overview of Re-IMAGINE

Re-IMAGINE is replicating, adapting, and testing a package of interventions developed to significantly delay the age of marriage in Zinder, Niger, for girls aged 11 to 15. Re-IMAGINE aims to reach more than 4,500 out-of-school (**OOS**) girls in 76 communities and is building evidence of the most effective approaches to delay marriage and age at first birth that can be **replicated and scaled in similar settings**. Re-IMAGINE tailors the [Centre for Girls' Education](#) (CGE) *Pathways to Choice* program, which was successfully implemented in northern Nigeria, and adapts it to the Nigerien context.

Re-IMAGINE is adapting all approaches included in the original Pathways to Choice program, including safe spaces, academic support, vocational training, and the engagement of mentors and traditional and religious leaders. CARE is additionally implementing its proven models to enroll unmarried girls in the [Strengthening Opportunities for Adolescent Resilience](#) (SOAR) accelerated education program to expand educational and technical training opportunities that will help girls improve regain control and decision-making over their body and health.⁵ Using a varied approach from CGE, CARE also focuses on parents' groups and utilizes the Social Analysis and Action (SAA), another proven approach to help shift cultural norms that are harmful to women and girls.

³ More details on IMAGINE results can be found at <https://www.care.org/our-work/health/adolescent-health/imagine/>

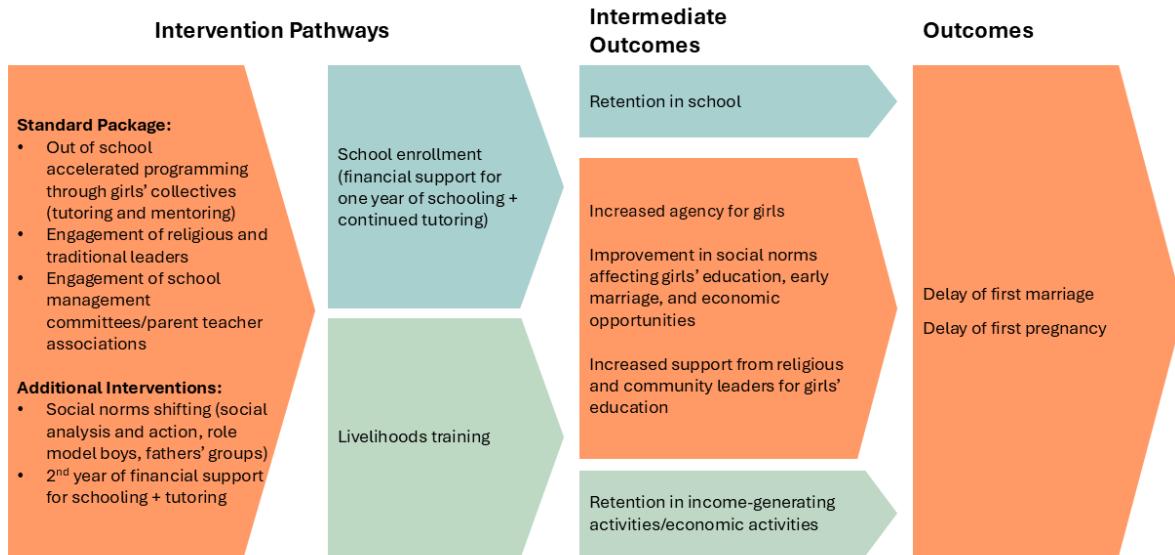
⁴ <https://PMC.ncbi.nlm.nih.gov/articles/PMC6637607/>

⁵ CARE's SOAR program provides a catch-up education opportunity to children who have never attended school, or who dropped out in early grades, equipping them with the skills to make positive life choices. Children and youth who graduate from SOAR are significantly less likely to be married young than those who did not participate.

Re-IMAGINE: Program Design

CARE is using several approaches to support more girls to go to school and earn a living. We are working to give girls more control over their lives, change harmful cultural norms, involve religious and community leaders in promoting education for all, and create more opportunities for girls to earn money and contribute to their families.

Figure 2. Re-IMAGINE Intervention Design



Re-IMAGINE: Evaluation Design

Re-IMAGINE is a cluster randomized control trial (RCT) with more than 4,500 out-of-school (OOS), unmarried girls aged 11-15 who have not yet had a child. In 76 communities, these girls receive the full Re-IMAGINE package of interventions, while a control group of 1,125 girls in 19 communities does not. The goal of Re-IMAGINE is to generate evidence and share learning to advance quality, replicable, scalable, and lasting approaches to delaying marriage and first birth among girls in various contexts. This research focuses on understanding the outcomes of the adapted *Pathway to Choice* approach—successfully implemented in Nigeria—along with additional CARE interventions. These interventions aim to address the root causes of early marriage and childbearing among OOS adolescent girls by delivering a package of interventions designed for different community groups.

CARE is partnering in this research and evaluation with the University of Washington (UW), the University of California San Diego (UCSD), SongES, and GRADE Africa. To the extent possible, qualitative and quantitative survey questions are being aligned between the CARE (Re-IMAGINE) and CGE evaluations. Surveys and in-depth interviews are being conducted across target groups, and a cost-effectiveness analysis is planned to be completed alongside project evaluations and publications.