

## Section I

### Margaret Neuse, Director of the Office of Population and Reproductive Health Bureau for Global Health, USAID

- Thank you for being here today to address this very important issue of Child Marriage
  - Child marriage occurs throughout the world and has significant implications for health and development.
  - In order to address such a widespread phenomenon, it is essential that we share our evidence, experiences, and concerns.
- It is estimated that as many as 100 million girls will be married before age 18 in the next ten years, with some as young as 10 or even younger.
- Driving factors are many, and include poverty, poor education, concerns regarding girls' safety, as well as traditional practices.
- **Child marriage impedes our efforts in development:**
  - In many countries where USAID has health and education programs, a high prevalence of child marriage results in girls having less access to education, economic opportunities, and social networks.
  - The evidence shows that marriage often prevents adolescents from accessing essential health information and services, resulting in unwanted pregnancy, higher maternal and infant deaths, higher rates of HIV/AIDS and obstetric fistula, and higher incidence of gender based violence.
- **Addressing child marriage requires culturally-sensitive interventions.**
  - Perceptions that the practice is completely embedded in culture, and therefore an issue that we can't or shouldn't be addressing, can prevent us from moving forward in achieving improved health and development objectives.
  - Years of experience that many of us in this room have in FP/RH have demonstrated the effectiveness of working with communities to bring about changes in norms and practices to encourage healthy behaviors and discourage harmful cultural practices.
  - To implement interventions that are culturally sensitive *and* effective at reducing child marriage, we must *engage* local beneficiaries: religious leaders, women, men, and adolescents themselves.
- **USAID is committed to addressing Child Marriage.**
  - Country programming, for example, in Nepal and Egypt, radio programs and community health workers raise awareness that delaying marriage improves girls' health and wellbeing.
  - USAID's work on girls' education, economic opportunities, and women's legal rights also contributes to the reduction of child marriage.
  - In Benin, USAID is raising awareness of the Family Code which increased the legal age of marriage to 18.
  - Currently, a review of USAID activities in Ethiopia and their effect on reducing child marriage is underway. The Ethiopia mission works very much in the health and education sector in the issue of child marriage. The resulting analysis will shed light on how we can help communities to delay marriage.
- Today, you will hear from experts about the state of child marriage, the factors behind the practice, and innovative approaches. I hope that this Technical Update will not only impress upon you the relevance of child marriage to our development efforts, but will also pave the road for future programmatic investments in this area. Thank you.

## Child Marriage and IGWG: Setting the Stage

**Michal Avni, Gender Advisor, Office of Population and Reproductive Health  
Bureau for Global Health, USAID**

- Good afternoon. On behalf of the IGWG, Diana Prieto and I would like to welcome you to this Technical Update on Child Marriage. Many of you are familiar with the Interagency Gender Working Group, but for those who aren't, I'd like to give you a quick background.
- The IGWG was founded in 1997 and focuses on ensuring that gender issues are addressed in USAID's Population Health and Nutrition programs.
- The IGWG is a collaborative group that involves staff from USAID as well as USAID-funded Cooperating Agencies, and other organizations involved in population & RH work.
- For the last four years, our work has focused on 4 technical priority areas:
  - the constructive engagement of boys and men in RH
  - the intersection between gender and HIV/AIDS
  - gender-based violence
  - and youth and gender.
- It is within this fourth working area, youth, that we have begun to work on Child Marriage.
- As you all know, Child Marriage is not a new phenomenon. It has existed for generations, and is practiced around the world, with serious health, development, and human rights consequences. For this reason, we are thankful that this issue is finally receiving the attention of policy makers and development organizations it deserves.
- I would like to give you a brief history of how and why the IGWG began to work on Child Marriage:
  - A couple of years ago, as Congress turned its attention to Child Marriage, the IGWG decided to survey all USAID field missions to find out
    - *how common* a practice Child Marriage is;
    - *what it impedes* health development goals;
    - *what mission programs* are doing to address this problem.
  - Our survey yielded interesting results --- many missions around the world reported that Child Marriage is practiced in their country, and many recognized the negative consequences of the practice on their development objectives. But few countries reported actual programs to address or prevent Child Marriage. And further more, many field responses asked for more information from Washington on known interventions that work.
  - As a result of this survey, USAID commissioned ICRW to conduct a global mapping exercise to better understand the predictors of Child Marriage practices, as well as a review of innovative and promising interventions. → which brings us to today's event.
- We are very pleased to share with you today the results of ICRW's work. We look forward to:
  - learning more about the prevalence of Child Marriage practices around the world,
  - understanding of the nuanced, culturally-specific motivations for CM
  - hearing about the range of programmatic interventions to prevent and address Child Marriage, as identified by ICRW's review.
- We are particularly delighted to hear directly from invited speakers from the field, about a number of key promising interventions and to benefit from their insights on the challenges and realities on the ground.
- And finally, we look forward to discussing with all of you how we can help move this agenda forward.

## From Awareness to Action: Child Marriage Hotspots, Predictors & Program Approaches

Kathleen Kurz, Director, Reproductive Health & Nutrition  
International Center for Research on Women (ICRW)

### From Awareness to Action

#### Introduction:

- There is a lot of awareness in the field and now people want to know what to do, which our panelists will try to address. Although lack of awareness does exist among policy makers in countries, it is fairly easy to do and ICRW has just completed a Too Young to Wed Tool Kit.
- Awareness is easy to raise, as people want to know what to do, so we feel that it would be helpful to examine DHS characteristics preceding the practice, hotspots in and across countries, and program scan.
- Our report will be available by the end of the year.

#### Background

- Constraints to Health & Development:
  - Worse reproductive health outcomes
  - Wasted investment in development efforts

#### 1. Prevalence:

- We looked at top 20 countries by DHS (Afghanistan missing, probably underreporting in MENA), and we used the most recent when multiple available.
  - Prevalence before 18 includes subset of
  - Niger is top – 76% married before age 18
  - Greatest # countries: west and central Africa
  - Greatest pop = 3 countries in south Asia: India, bang and Nepal
  - Only one in LAC: Nicaragua

#### 2. Consequences: usually grouped in terms of health and development outcomes

- Poor Health Outcomes: Maternal & infant mortality & morbidity, low birth weight, prematurity
- Maternal health outcomes are often the best researched
- Due to high risk associated with early childbearing (risk rate associated is twice as high), infant mort is also high among girls less than 20
- Rate: other health outcomes – all twice as high

#### 3. Reasons:

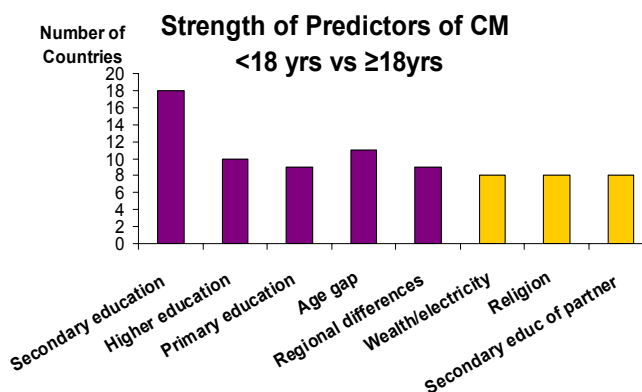
- Quantitative reasons for poor outcomes: girls still growing, “competition for nutrients,” inadequate prenatal services for youth, low economic status; poorer families predisposed:
  - Human Development Index = composite of many indicators, worse as number goes up
  - Increasing HDI is highly correlated with prevalence of CM
- Qualitative reasons – Why Does Child Marriage Persist?
  - Gender roles: families see girls as financial and social burdens; lack of socially acceptable alternatives for girls
  - Family and community honor tied to early marriage: marriage reinforces bonds/ties between families and communities; “desire to protect girls” often cited (although with this perception, it is difficult to measure why)
  - Lack of political will: once on the books, really hard to implement
  - Cultural/traditional norms: it is often asked, “isn’t it too hard/inappropriate to change norms?” Our colleagues will give great examples of how this is a community not individual problem, and working with communities is one way to address this

**Possible Predictors:** criteria for whether a variable should be considered a predictor (after selecting, we sorted variables in multivariable analysis):

1. Event/practice happens before decision to get married
2. Either it should be a practice or factor that programs could use or target to reduce CM (i.e. Age difference bet spouses is a factor that a program could target for influence)

**Practices programs could support to reduce CM:**

- Primary/ Secondary Education
- Higher Education
- Primary/Secondary Education -- Partner
- Higher Education -- Partner
- Lower Age Gap Husband-Wife



**Factors programs could target to reduce CM:**

- Current Place of Residence
- Childhood Place of Residence
- Region
- Ethnicity
- Religion
- Polygyny
- Number of Siblings
- Wealth/Electricity

**Tipping point:** when CM really takes off, when the incidence accelerates quickly

- Range is 13-15 years old in most high prevalence countries; very clear in Bangladesh = 13 years
- This is a useful indicator because when we want to address the issue, we should target interventions to this age group = very young adolescents, important to do before (10-14)
- Consideration of the median age of marriage shows that these interventions should be extended to 2-4 years after tipping point to catch second half of early marriages (Bang is only 2 years until median)
- Finding: the higher sec school enrollment, the lower prevalence of CM → huge need for interventions before and during secondary school
- What we didn't expect so strongly: age gap is very strongly associated with the earliest marriages (youngest girls married to much older spouses; later marriages are closer ages between spouses)
- Religion doesn't necessarily cause CM prevalence to be increased, not as much as country context (so religion is not one of ICRW's recommended targets for interventions)

**Regional Differences:** are they significant within countries?

- Examination tells us where we need national vs. local interventions = 9 out of the 20 countries with DHS that ICRW analyzed had significant variations among regions
- Ethiopia – almost half CM in 4 northern regions
- Important to remember that regions are just a set of boundaries and there are important differences (ethnicity and cultural and econ) *within* regions
- India – 5 states have much higher prevalence than others
- Nigeria – 71% occurs in north

**Saranga Jain, Research Associate, Reproductive Health & Nutrition  
International Center for Research on Women (ICRW)**

**Awareness to action:** Program Scan & Recommendations

- **Program Scan:** thinking about child marriage beyond awareness; trying to address the question of what kinds of programs are effective out of those that are already out there
- Purpose of scan is to help those already aware

### **Methodology:**

- Web-based scan of programs: keywords included RH, HIV, GBV, etc...
- Programs could be directly or indirectly addressing child marriage
- Global Focus
- Search included:
  - Search engines (35+ keywords)
  - Organization websites
  - Online journals, publications and books
- In the search we noted: categories of programs, location, programs and government policy in high prevalence countries, target groups, reproductive health component, evaluation
- Gaps: programs without web presence and those that do not describe CM as an outcome
- Searched for special emphasis on RH component
- Whether or not program had been evaluated was a consideration
- Many double counted because many programs are working in multiple sectors (total >100%)

### **Results:**

- Where programs were found allowed comparing to top 20 countries and “hotspots”
- Unfortunately, several of top 20 had no programs to be found (Chad, Mozambique, CAR, etc) and many others had only one country (Nicaragua was only LAC country in top 20 but only 2 LAC programs were in Guatemala)

### **Program Categories and Subcategories:**

- **Education for family & community**
  - Community sensitization/awareness raising
  - Social marketing/edutainment
- **Education for girls**
  - Life skills
  - Non-formal education
  - Livelihood/vocational skills
  - Formal education
- **Law & Policy**
  - Legal mechanisms
  - Advocacy
  - Community mobilization
  - Policy
- **Economic opportunities**
  - Income generation for girls
  - Monetary incentives for families
- **Safeguarding rights**
  - Shelter/creating safe spaces
  - Keeping birth or marriage records
  - Other rights (e.g. to education)
- **Research**
- **Health Services to married girls**

\*range of subcategories points to fact that there is a range of sectors in which CM is an issue

### **Gaps in Programs:**

- Little being done on research on programs and/or evaluation
- Little done on health services for married girls (imp aspect of YRH/HIV vulnerable group)
- Difficult to place all programs within one of these categories (multi-sectoral)
- Community awareness raising, life skills, non-formal education cannot be measured in DHS
- Not included: formal education (picked up in DHS)

**Where is Reproductive Health?** We were most interested in RH but this was not found to be a category or subcategory, only a component within some sub-categories:

- Typically, RH was found within community sensitization/awareness, life skills and non formal education
- Also somewhat found in male engagement and service access programs
- Conclusion: RH is clearly not taking the lead in programs despite the centrality of the issue within RH and the effect of CM on RH outcomes = opportunity for RH sector

**Other Findings:**

- Target Audiences: significantly more targeting to unmarried adolescents by programs
- We really don't know if any of these programs are reducing child marriage; we were unable to find evidence of any kind for rigorous analysis

**Recommendations:**

- 1) Work early on CM efforts – before tipping points of ages 12-15
- 2) Vigorously promote secondary school education for girls
- 3) Investigate age gap between husbands and wives, and how to reduce its negative consequences
- 4) Target CM efforts within countries, or regions within countries, where CM is more prevalent
- 5) Discuss RH community's role in reducing CM prevalence – supporting RH component in existing, integrated programs or starting one's own
- 6) Balance efforts to prevent CM with efforts to meet health needs of child brides
- 7) Evaluate programs for reductions in CM

**Questions, Answers, & Comments:**

1. CM is complex –demographers should look at trends in changing ages in marriage to learn what has increased ages in marriage (N. Ethiopia 14 → 16); nutrition issue.  
Answer: yes average ages are going up but too slow because we are still seeing too much mortality. Nutrition aspect: communities can be sensitized to think about size of girls, but should address gender norms that place higher value on boys and therefore neglect girls more
2. The age gap as a possible factor that could be targeted: from my experience, the trend of older men who are “given” youngest girls (60 and 10) has changed: the majority of what I am seeing now is young graduates: 30 years old who are now going back to marry the 12/13 year olds after getting a degree in the city, etc... We are now a younger set of men who are perpetuating this trend. Does this reflect changing norms among males?
3. Jim Shelton, USAID: “Correlates” would be a better word than “predictors” (which implies causality), for example, education: there is a lot of room for reverse causality (girls/families valuing education may prevent CM but we don't have proof that it works the other way around). If we think about FGC, a social norm that has been changed, we can see that there are many more social norms to address that can be more effective than these “predictors” and if the target audience is social values and not the younger girls, then interventions should target older men and women who are deciding fate of girls.
4. The organization Communication for Change is currently doing a community media project on GBV, and local teams (on their own) prioritize CM; the underlying cultural factors you named in presentation were not the same as our findings in refugee camps: financial transactions (elderly man paying for a girl, families abiding and instructing the girls to abide by whatever the girls say), so we have to consider these financial factors to create interventions (i.e. economic generation).
5. Sid Shueller, AED: I was surprised that poverty didn't come out more strongly: is poverty too difficult to measure? From my qualitative research in Bangladesh, CM and the age gap are strongly associated with poverty and financial transactions, particularly where there are class issues and families want to “marry up” their daughters before they get too old to be worth very much (in terms of class and money).  
Response: DHS is not where we get the best economic survey data (but there are proxies), we do know that there are certain correlates, and poverty definitely was there, but we were surprised also that it wasn't as strong as we initially thoughts.

## Section II: Interventions

Panel moderator: Mary Beth Powers, Sr. RH Advisor, Save the Children

### **Mahdere Paulos, Executive Director Ethiopian Women Lawyers Association, Addis Ababa, Ethiopia**

We practice law, conduct research, and advocate for gender equality. Objectives include:

- Eliminating all forms of legal and traditionally sanctioned discrimination against women.
- Ensuring equal treatment of women with men in education, employment, access to public services and benefits.
- Advocating for remedial and affirmative measures for women to redress the accumulated consequences of discrimination.

We have a history of being engaged in advocacy with success in:

1. family law
2. penal law to include GBV (both of which were extremely discriminatory)

\*CM is an issue in our public education department, focusing on northern prevalent regions.

**Prevalence of CM in Ethiopia:** CM is decreasing slightly but not in all ethnic groups

- Practiced among peasant communities of Christian dominated and crop producing highlands of Central and Northern Ethiopia with the national prevalence of 54.6%.
- Several ethnic groups in the South and South West of Ethiopia have such practice with occurrence between 50-80%.

**Types of CM in Ethiopia:**

1. Promissory marriage – arranged before birth of the child
2. Child marriage – arranged for under 10: bride placed under custody of in-laws until puberty
3. Early adolescent marriage – arranged for 10-14, has more visitation rights, social movement
4. Late adolescent marriage – most common, between 15-18 years old

**Reasons:**

- Material benefits: parents receive gifts from wedding ceremonies, dowry (\$ or animals/land through family ties) as bride price, prestige and social acceptance or fame
- Social Reasons: fears of abduction, not doing well in school, stigmatization, protecting virginity (premarital sex) and unwanted pregnancy, urge to conform to tradition; urge to conform to tradition, cement kinship ties [these are all tied to gender norms]
- Economic reasons [slide]: obligation to secure child's future before they get weak or die, future reciprocal assistance, reduction of financial dependency of children, linkage to a family who is financially better off or a better "social standing" [\*no substantial investment to support females growing up (education, food)]

**Legislative response:** laws are passed and enforced by 11 regional governments

- Constitution: marriage shall be concluded with free and full consent of the spouses.
- Criminal Code: imposes penalty on those who solemnize, contract, permit or witnesses to EM
- Family Code: EM concluded subject to dissolution.

**What EWLA has done so far:**

- Conducted sample studies and launched its findings,
- Involved religious leaders and trained regional police,
- Encouraged the public to report to EWLA's branch offices before EM takes place,
- Currently: provides legal aid and shelter services for runaway kids.

**EWLA Strategies:**

- Educate girls and boys about consequences of EM
- Educate the community ,especially parents,on the consequences of EM

- Lobby the government to make primary education mandatory
- Police, prosecutors and courts need to be equipped to deal with the problem
- Persuade parents to keep their daughters in school
- Build schools closer to the community
- Involve more female teachers as role models
- Initiate Grass-root level work
- Introduction of Birth and marriage registration
- Cash incentive to parents In school child care
- Introduction of Non formal programs
- Communities involvement in running schools
- Emergency support for runaways

What should be the role of the government, NGOs and the international community?

- Implementing the laws need strong attention and contribution on the side of the government. (political will and commitment )
- Working and involving local people by respecting the whole societal value.

**What remains:**

- Prepare series of educational forums for law enforcement organs,
- Lobby the government on making marriage registration mandatory and follow its enforcement,
- Make extensive research on regional occurrence, magnitude and reasons,
- Educate girls and boys,
- Sensitize parents,
- Expand the tutorial service provided to girl's education to regional states,
- Involve religious leaders, police officials and public prosecutors,
- Introduce the community conversation and dialogue forums.

**Question and Answers:**

1. Community conversation: This was a intervention for FGC to invite people from communities together in a forum so they can identify their problems and way of addressing them, plan future actions and reporting sessions from what was recommended in past meetings, and each members receives a task and then later has the opportunity to share their success stories,
2. Parents involvement: especially males because they are perpetrators of GBV, rape...but can this be addressed in community dialogues, are the men forced to take responsibility, and how can we reassure parents that their girls will be protected I they are not married.
3. Expense of wedding (too costly for boys), concern for securing land early.
4. Incidence of abduction is high in Ethiopia; what activities can prevent abductions and subsequent marriage (psychologically considered a form of marriage, prevents dowry for man's family but for girl, causes loss of virginity and shame for her family if she runs away).

**Rashida Parveen, Sector Specialist, Adolescent Development Programs  
BRAC, Bangladesh**

**Overview of BRAC:**

- Founded by Mr.Fazle Hasan Abed in 1972;
- outreach covers all 64 districts of Bangladesh and has been called upon to assist a number of countries including Afghanistan and Sri Lanka.

**Characteristics of Bangladesh:**

- 22% population are youth
- High incidence of CM: 63% girls ages 15-19 are married, compared to only 3.7% of boys
- 31% of married girls become pregnant within one year of marriage
- Girls' lack of mobility because of reputation & security

- Lack of youth friendly health services, lack of sensitivity among service providers
- Lack of appropriate knowledge of SRH among youth
- In rural areas, there is very limited opportunity for paid employment, especially for girls

#### **Overview of BRAC's Adolescent Development Program:**

- In 1992, BRAC started Reading Centers for rural adolescent girls, initial objectives:
  - retain literacy
  - provide a safe place to socialize
  - enhance girls' political participation
- Original activities included: exchanging books, reading newspapers, magazines, playing indoor games, and a program for performing cultural dances/traditions
- Reading Centers evolved because girls wanted to learn more about issues relevant to their lives, and the organization wanted a structure for an organized way to provide skills training → Adolescent Development Program
- In 1998, BRAC started working on specific issues through Adolescent Peer Organized Network (APON), then in 2000, the Adolescent Development Programme (ADP) was launched under BRAC's established Education Programme.
- Objectives included:
  - To empower adolescent girls in decision-making,
  - To become a supportive environment for adolescent girls, and
  - To reduce child marriage and dowry practices
- APON's lifeskills course has a special focus on leadership, human rights, and high youth participation (they run the program, decide on the objectives, learn and practice skills to enhance their decision making capacity).
  - Activities address social, family and community issues (gender, CM, GBV, etc) and RH issues (FP, birth spacing, STIs, puberty)
  - Other activities focus on "cross-cutting skills" such as effective communication, child rights, negotiation, gender sensitivity, and inclusiveness
- Livelihood training focuses on income generation to reduce dependency on husbands and prevent the practice/necessity of CM, with emphasis on community participation
  - Parents (mothers & fathers separate) forum, Community forum
  - Special committee for CM and dowry prevention
- Activities include: poultry and livestock, sewing and embroidery, photography, computer skills, and journalism, etc.
- Achievements: there are 17 thousand adolescent leaders trained under the project
  - most of these leaders are continuing their education
  - According to a Population Council evaluation (2003-2004), the marriage age has increased by 1-2 years in the intervention areas.
- Lessons Learned:
  - Adolescents are capable of doing a lot more if they are given the opportunity,
  - Active participation of community and religious leaders are essential
  - The livelihood program, aside from economic independence, has been able to change the attitudes of families and communities towards adolescent girls
- Future Plans:
  - Providing an APON course to girls and boys together
  - Including married adolescents, indigenous groups and adolescents with disabilities
  - Practical program initiatives for slum dwellers and adolescent garment workers
  - Livelihood training and creating job opportunities through liaison with employers

## Questions and Answers

1. How do you convince girls to attend these programs and build community buy in?  
Answer: BRAC is well established in Bangladesh and has great experience with many communities and groups such as parents, and also utilizes door to door agents to increase community involvement and workshops train them.
2. How are girls' economic opportunities/jobs seen by communities?  
Answer: they are more highly respected, they gain ability to make decisions because they have their own money, skills, and knowledge and they are more often allowed to continue school

**Malick Diagne, Deputy Director  
TOSTAN, Senegal**

### Ending Child Marriage in Africa

- We males need to look at ourselves and become more involved in this issue.
- In this presentation I will focus on the proscriptive aspects of the CM issue and frequently refer to FGC as a another widespread harmful traditional practice; the two are very interconnected and if "hotspots" were mapped out for FGC they would be superimposed on those of CM
- Based on widespread perceptions of protection of girls, and entrenched gender roles, effectively ending the practice will require great attitude and behavior change.
- Over the past 20 years, TOSTAN has developed a model to addressing both issues as sister problems.

### TOSTAN Overview:

- International NGO based in Senegal, specialized in non-formal education
- Programs are implemented in over 2,000 communities
- Mainly funded by Unicef, since 1988
- Programs extended to Sudan, Burkina Faso, Guinea, Somalia, the Gambia and Mauritania

### TOSTAN Philosophy:

- TOSTAN is often thought of as solely focused on FGC, but its Mission is much broader: to empower communities through human rights based basic education so that they can lead their own sustainable development (the community has to be in the drivers' seat while TOSTAN and other NGOs can be in the car).
- The model used to address behavior change can be used for many community problems.
- Once problems are identified, communities make a public commitment to stop the practice(s).
- TOSTAN developed a model to involve communities and their stakeholders (rather than alienating them), and the best way to address a specific sensitive problem is a holistic approach to poverty alleviation, which is also less controversial. Also, when discussing a cultural issue, it is easy for leaders to be distracted/focused by/on economic issues first.

### Issue of Culture:

- TOSTAN utilizes traditional techniques & educational methodologies specific to African context and local traditions of Senegal), also highly participatory, as TOSTAN considers community members the best sources of information, builds confidence & ownership in interventions.
- We have to be careful not to be put on the defensive when addressing culture, cultural imperialism, etc.
- TOSTAN does not start from the defensive, but rather from the respectful. We are therefore never accused of cultural imperialism, which is very important in the African context.
- Interventions are based on African traditions of respectful consultations with all those concerned in local languages (families, group units must share in the decision making process of each individual to avoid isolation from family networks – "organized diffusion model")

- Decisions about marriages are community (or extended family networks' decisions; impossible to address only with parents or girls/husbands)
- Outreach programs also reach out to Senegalese living abroad because when people go abroad they often hold onto traditional practices even more tightly

### **Interventions:**

- Implementation Strategy:
  - Key to facilitating social transformation on a large scale.
  - Based on the decision-making process used in Africa: decisions not made on an individual or family level, but rather involve the entire community as well as other locally connected communities (with ethnic and intra-marrying ties).
  - Respects and reinforces this process by using an organized diffusion process for discussing and coming to consensus on issues involving changing social norms conventions.
  - Classes are organized to allow participants to learn new information, share and discuss. In all programs, participants:
    - learn in class, analyze, debate, do participatory research in the community and come to consensus around issues relevant to the community,
    - share with others through the "Adopt a Learner Strategy" (friend, relative, husband, village leader),
    - utilize theater, role play, song, illustrations, games, poetry and flip charts.
  - Other specific meetings (involving only religious and traditional leaders, only youth, only women, etc.) are organized by participants to gain support and make decisions.
  - Inter-village meetings with all groups are held to share with family, neighbors and other members of the same ethnic or intra-marrying group.
- Interventions identify individuals with the ability to go out and share information within their networks, eventually traveling to other villages if they have family there, then ideas can spread and slowly, norms will change through these exchanges of information and seeing that they are not alone in abandoning a traditional practice (group confidence has to be built)
- Biggest obstacle to our interventions is religious leadership – some apparent contradiction between empowering women and religious leaders' influence and power in communities
- Working with religious leaders is of the utmost importance because often these harmful traditional practices are eventually justified by religion whether or not they are actually dictated by religious text → programs work to education religious officials

**Public Declarations:** Since 1997, 1,748 communities in Senegal have abandoned the practice of child marriage and FGC through 21 Public Declarations, representing over 33% of the 5,000 communities that practiced the traditions in 1997.

- Communities collectively decide to marriage before the age of 18.
- Peaceful marches demand protection for girls about to leave school to be married.

### **Lessons Learned:**

- Importance of a holistic basic education program with subjects of interest to learners.
- Human Rights education key to social transformation.
- All members of the community involved, including religious and traditional leaders.
- Educated participants the best agents for social mobilization and should lead the movement for social change.
- Positive African traditions reinforced: poetry, songs, theater, dialogue, etc
- Use of national languages and the oral tradition

**Molly Melching, Founder & Executive Director  
TOSTAN, Senegal**

### Questions, Answer, and Comments:

1. What challenges have you faced in scaling up programs?  
Response: evaluations show that FGC and CM have really been abandoned → requests from other countries, but how to get countries to really own the program is the biggest challenge, so its not "imported/imposed from Senegal. There were many meetings and feedback from local NGOs and communities in countries to make sure they were really interested in taking on this approach
2. Is your main method for scaling up to use NGOs rather than communities directly?  
Response: No, but working with these organizations allowed for the programs to incorporated each other's different styles (i.e. Style or speed of education). We suggested that we do the program and meanwhile coach several NGOs so they can learn from the start (management, organization, intervention, evaluation)
3. The consensus building approach is effective but takes time in our current environment where donors want results faster than communities can try to change and evaluate their own change.  
Response: Yes it's a slow process, and takes years for each community, but after a certain point when attitude and behavior change starts, the increase is quite exponential (movement by a critical mass) until reaching the tipping point, which we feel is close for both FGC and CM in Senegal: FGC is/was similar to foot binding marriage convention of China. Also, donors have been patient in allowing for extra time for behavior change
4. Human rights are an important element, so how do you approach HR in your education programs? Do you direct any of your programs to policymakers, officials, etc? Does this philosophy work with official structures, laws, systems, etc? There has been a cool reception towards human rights among US policy makers: donor governments seem to prefer more emphasis on whether or not development programs are effective.  
Answer: Our program went on for many years without HR education component, but after introduction into communities it became clear that women were more engaged and interested: Awareness of "7 major instruments" that protect them → allows individual empowerment  
Human Rights in the context of CM: major strategy is peaceful march: at time of a marriage, villagers meet and debate & discuss (community management committee) and then march peacefully, which often raises positive media attention (and a success story could then be shared with other communities). All based on claiming human rights. Similar to GBV tactics.  
But HR is not a big issue in the US. Participatory education on HR could make a huge difference in this country.

### Section III: Summation and Next Steps

#### John Townsend, Population Council

**Highlights:** Overall, from TOSTAN, it became clear that we aren't concerned about the sole issue of CM but rather a bundle of things, of which CM and FGC are important components. From BRAC and EWLA we learned about importance of economic and legal empowerment in the context in which CM occurs.

#### Section I: Introduction

- While locally, the age of marriage is increasing, the overall hotspots show that norms are not changing as fast as they should be based on the health and development consequences.
- Demographically: where there's a high youth bulge, CM is more prevalent.
- We've learned a lot from personal stories (especially the human rights aspect).
- CM happens where there is a lack of autonomy and where girls suffer poor health, disproportionate work burden, sexual coercion, community pressure and limited access to care.
- More of a poor, rural, traditional problem in communities where education expectations and achievements are lower...but not just primary education.
- Poor labor force participation and econ opportunities particularly for girls.
- Consequences define "denial of childhood" (happiness, health, education); Health risks

**Section II:** we heard about many programs that give us great ideas, including:

1. There's no need to think small (national, provinces, TOSTAN's inter-community networks) or narrow (not counting how many people attended a meeting).
2. It is very important to deal with gender and other norms that affect our communities, all the while learning locally and utilizing local capacity, traditions, and leadership.
3. Its all about connectedness: successful programs are most connected to their communities and to the networks that allow them to work up to the scale they need to achieve.
4. They've always thought about diffusion processes – how to get others engaged, how to engage champions and make them responsible while providing trainings and support.
5. Success takes time: responsible respected groups that understand their communities.
6. Successful programs have tremendous respect for evidence and experience.
7. Utilize local partners: having co-collaborators within communities increases sustainability.
8. Documentation and evaluation must be excellent.

#### **John's Questions:**

1. Should we characterize CM as a rights or a health problem? Which path do we take? (structural vs. targeted intervention problem)
2. What's an acceptable age gap?
3. What is the role of dowry and other inheritance laws? Or are there other more fundamental, normative issues?
4. How do we handle other issues within the same context? GBV, etc.
5. Boys and men are hardly mentioned – in terms of husbands and fathers.

#### **Other questions:**

1. Why is there a lack of evaluation?
2. How should programs balance messages about the supportive role of parents vs. the negative messages about health and rights consequences? What is the benefit to parents if there's aren't alternative opportunities?
3. Why is there a lack of political will?
4. How is this issue related to human trafficking?
5. Decision making among poor families is about "risk taking," so how can we change perceptions that taking girls out of school for marriage or sending them into employment is protective?
6. What are some of the discussions going on after workshops from the community perspective? Like FGC, what happens to the early positive deviants? What do families think later on?

#### **Discussion:**

- Lack of political will: government has so many priorities plus political and economic instability, compounded by dependency on donors with their own agendas
- Relationship between normative and legal/policy change
- Holistic nature of approaches for preventing CM and other harmful cultural practices: TOSTAN does seminars for national level policy makers on how this behavior change is coming about to get them on board and involved because for many years these community changes/declarations were never translated into law. Change must be enforced from the top, officially. However, grassroots mobilization do contribute to enabling environments at the same time.
- Good to have laws and norms mutually reinforcing rather than contradictory
- Policymakers must do more than talk the talk but then practice the CM tradition
- Comment about "imposing western values:" The international community is made up of our partners and they support us. The international community can really help, in the African context, by putting pressure on governments. And what is a western value? When we see a huge age gap we instinctively know that it is wrong and perhaps comes out of a dire situation...it is not a question of nationality or race. Having the human rights perspective we have also helps to support these West-non-West partnerships, assuming we can agree on basic human rights and freedom from harmful traditional practices.
- Interactions/Networks are needed between organizations working within different sectors that don't traditionally mix; how to connect discourses between RH and legal sector, for example