

MARRIAGE: NO CHILD'S PLAY ENDLINE EVALUATION

This brief summarizes key results from the endline evaluation of the More than Brides Alliance (MTBA) project “Marriage: No Child’s Play” (MNCP) in India, Malawi, Mali, and Niger.

The MTBA consists of partners Save the Children Netherlands, Simavi, Oxfam Novib, and the Population Council, along with 25 local implementing partners. The MNCP project—which took place from 2016 to 2020—aimed at being holistic and targeting pathways to child marriage on multiple levels simultaneously, treating communities as either having the full MNCP package or no intervention. The Population Council’s MNCP evaluation was designed to estimate program impact and trends among girls at the community level, across settings that differ with respect to child marriage prevalence and drivers. The evaluation explored behavioral outcomes related to child marriage, schooling, work, and pregnancy, as well as indicators measuring relevant knowledge and attitudes.

A Program of Action to Create Alternatives to Child Marriage

The MNCP project sought to empower girls, raise awareness about the risks of child marriage, improve girls’ access to sexual and reproductive health (SRH) services, and support social norms favorable to girls’ education, economic engagement, and agency in marital decision-making. The MNCP project included activities related to seven key outcome areas, namely:

1. Empowering at-risk and already married adolescent girls with life-skills education, sexual and reproductive health and rights (SRHR) information, and peer support groups;
2. Enhancing access to education opportunities and improving retention in school for girls;
3. Enhancing access to economic and income-generating opportunities for girls and their families;
4. Enhancing access to improved child-protection systems;
5. Increasing access to quality, youth-friendly SRHR services;
6. Contributing to changing social norms that perpetuate the practice of child marriage; and
7. Influencing legal and policy frameworks.

EVALUATION METHODS

The MNCP evaluation followed a cluster randomized design in India and Malawi and a quasi-experimental (matched) design in Mali and Niger. In Mali and Niger, the program aimed to build on a previous intervention that had begun in 2015 so working in new (randomized) areas was not feasible. In Mali and Niger, we therefore matched comparison villages to intervention villages on key criteria including population size, distance from main road, and number of schools and health centers. In all settings, we conducted repeated household listings and cross-sectional surveys with random samples of adolescent girls ages 12–19 in intervention and comparison villages at baseline (2016/7), midline (2018), and endline (2020). We conducted an additional survey with parents of adolescent girls or other adults living in households with adolescent girls at endline. Table 1 shows sample sizes for each survey. Analyses were conducted in Stata SE 14.2 and included adjustments based on evaluation design and fidelity to randomization.

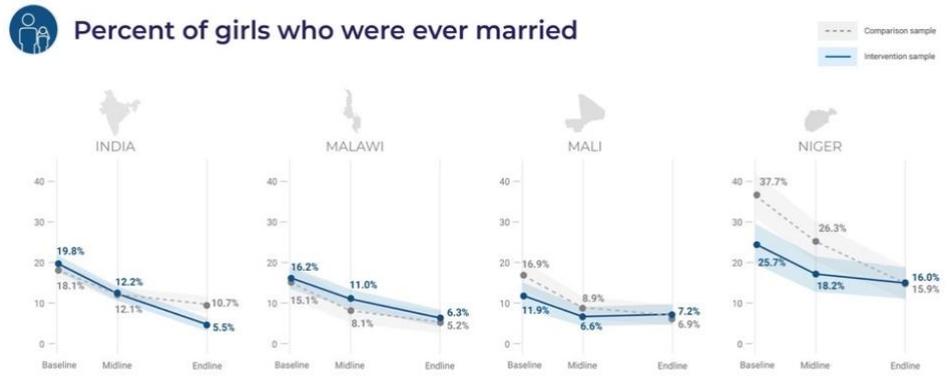
Table 1. Adolescent girl samples at baseline, midline, and endline, by country

Country	State/Region	Baseline	Midline	Endline
		2016–17	2018	2020
India	Bihar, Jharkhand, Rajasthan, Odisha	2,982	2,801	1,479
Malawi	Mangochi, Nkhata Bay	1,020	1,029	764
Mali	Sikasso, Ségou	855	829	816
Niger	Maradi, Tillabéri	600	599	620

RESULTS

CHILD MARRIAGE IN DECLINE

From baseline to endline, we observed declines in child-marriage prevalence in all areas—intervention and comparison alike. In India, declines were significantly greater in intervention areas.



The prevalence of **child marriage** declined in all samples over the MNCP implementation period, but only in India was the change attributable to the intervention. In India, the proportion of girls married declined more in intervention areas than in comparison areas in the combined sample, as well as in three of the four states individually. Child-marriage prevalence in intervention areas declined from 14.5% to 4.5%—a 69% decline overall—while in comparison areas, child marriage prevalence declined 22% ($p < .05$). In Malawi, Mali, and Niger we did not find program impact on the proportion of girls currently married; in each of these countries, child marriage declined, but it declined similarly in both intervention and comparison areas and thus impact cannot be attributed to the MNCP program. We note that MNCP took place during a time of significant declines in child marriage globally. In this context, increased advocacy at both the global and national levels has likely influenced real declines in child marriage and has perhaps also reduced reporting, as awareness of the harms and/or illegality of the practice appears to have increased at the community level over this period.

COMMUNITY-LEVEL AWARENESS OF MNCP INTERVENTION

At endline, awareness of the MNCP program among girls in intervention communities ranged from 36.2% (Mali) to 79.3% (Jharkhand, India).



Impact of COVID-19

Endline data were collected via phone surveys to prevent the spread of COVID-19. To measure the impact of the pandemic on girls and their households, questions were added to the adolescent girl survey and an additional survey was conducted with girls' parents or another adult member of girls' households. Results on the impact of Covid-19 in these communities are presented in the MTBA Endline Report.

Because this evaluation sought to measure program impact at the community level (and not only among girls with direct exposure to the intervention), the study was based on cross-sectional surveys with a random sample of girls drawn from a listing of all households including one or more girls within the target age range in each community. In all countries, awareness of the intervention increased significantly from midline to endline. In India, Malawi, and Niger, a majority of girls in the endline samples had heard of the MNCP intervention.

PROGRAM IMPACT

Overall, findings suggest that the MNCP intervention had the strongest impact on influencing knowledge-related indicators, including knowledge of the legal age of marriage, adverse effects of child marriage, HIV, and modern contraceptive methods.

Table 2. Summary of impact results

	India	Malawi	Mali	Niger
Marriage				
Currently married	INT ↓ COM ↓			
Mean age at marriage			INT ↑ COM -	
Can correctly identify legal age at marriage	INT ↑ COM ↑	INT ↑ COM -		INT ↑ COM ↓
Can name at least three adverse effects of child marriage	INT ↑ COM ↑			INT ↑ COM -
Health				
Knows about HIV	INT ↑ COM ↑			
Contraceptive knowledge scale (modern methods)				INT ↑ COM ↑
Livelihoods				
Is currently working for income				INT ↑ COM ↑
Education				
Ever attended school		INT ↑ COM ↑		
Currently enrolled in school (among ever enrolled)	INT ↑ COM -			
Mean number of years of education completed		INT ↑ COM -		
Cannot read or write		INT ↓ COM ↓		
Social life				
Reports being part of a club or group	INT ↑ COM -			

INT = Intervention sample. COM = Comparison sample.

Significant impact was found in India, Malawi, and Niger on knowledge of **legal age at marriage** (see Table 2). In India and Niger, significant impact was found on **knowledge of negative effects of child marriage**.

The MNCP intervention appears to have increased the proportion of girls with **knowledge about HIV** in India and the proportion of girls with **knowledge about modern contraceptives** in Niger.

The MNCP intervention showed some success in influencing indicators related to alternate pathways to child marriage. In Niger, we find that the MNCP program demonstrated impact in increasing the proportion of girls currently **working for income**.

In Malawi, the program was able to achieve demonstrable impact on several indicators related to **education**, namely increasing the proportion of girls who had ever attended school, increasing the mean number of years of education completed, and decreasing illiteracy rates among 12–19-year-old girls. In India, the program had an impact on increasing the proportion of girls in the community who were currently enrolled in school. In India, the MNCP program also demonstrated impact in increasing **girls' engagement in groups**, clubs, or associations.

Despite MNCP program efforts to change social norms that perpetuate the practice of child marriage, we did not find demonstrable impact on indicators related to **gender-equitable attitudes**. We recognize the difficulty of changing deeply ingrained attitudes and norms about the roles of girls and women in contexts where child marriage remains entrenched at high levels.

INDIA STANDS OUT ON KEY INDICATORS

In India, the MNCP program impacted key indicators of marriage and school enrollment.

The most significant program-attributable results were found in India, where intervention areas performed significantly better than comparison areas with respect to the proportion of girls who were ever married and the proportion of girls enrolled in school. For India, the MTBA endline report provides state-level results in addition to national-level results.



DISCUSSION

At endline, we find positive trends on key outcomes—including child marriage, education, and pregnancy—in most intervention areas. Evidence of program impact was more limited but was still observed in all MNCP countries.

The differences in program impact observed across settings are likely the results of **contextual differences** between the countries included in the study, including variation in preexisting child-marriage trends and in the primary drivers of child marriage. In India, for example, investments in child-marriage prevention have been extensive and the proportion married before age 18 has been steadily declining over the past decade, whereas in Niger, proportions of child marriage remain stubbornly high. In some settings—such as in Niger—educational opportunities are extremely limited and interventions appear to have been more successful in increasing girls’ engagement in economic opportunities than in improving educational indicators. In other settings—such as in Malawi—investments in increasing girls’ enrollment and retention in schools appear to have been successful. In Malawi and Mali, premarital pregnancies appear to play an important role in driving child marriage.

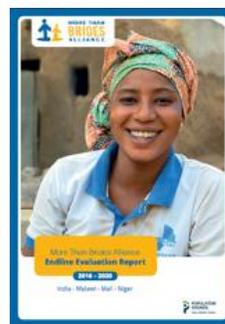
Methodological challenges related to program implementation and randomization likely also had an influence on the differential results observed across countries.

We note that the presence of other interventions targeting child marriage may have introduced a potential source of contamination and that the multilevel design of the MNCP intervention may have caused spillover effects in comparison areas.

Trends and patterns in migration may also distort measures of program impact at the community level, as girls who may have interacted with the program but then migrated away from their villages are not captured in intervention communities at endline. In areas of Mali characterized by high rates of adolescent migration, for example, repeat cross-sectional surveys will undercount the prevalence of girls who are attending school, are engaged in income-generating activities, or are married when girls have moved away from their villages for one of these reasons.

Overall, our data indicate that programs such as MNCP can make an important contribution to ending the practice of child marriage even in areas where child marriage already appears to be declining. Our results additionally suggest the need for further adaptation of programs to account for context-specific factors contributing to child marriage including premarital sex and pregnancy, the reality of marriage as a livelihood strategy for girls and women, and the increasing phenomenon of adolescent girls’ migration. These results are promising and should encourage

READ THE FULL REPORT



knowledgecommons.popcouncil.org/departments_sbsr-pgv/1264/

The MTBA Endline Evaluation Report includes further detail on: Components of the MNCP program, COVID-19-related adaptations in research and programming, impact evaluation methodology, results on the impact of COVID-19 on girls and their households, MNCP program impact, implications for future programs, and more.