MAPPING EARLY MARRIAGE IN WEST AFRICA

A SCAN OF TRENDS, INTERVENTIONS, WHAT WORKS, BEST PRACTICES AND THE WAY FORWARD

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NIGERIA

SENEGAL

SIERRA LEONE

TOGO

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FORDFOUNDATION

Research Team

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This study mapping early marriage in West Africa is the product of two years of discovery and learning by a team of development researchers. The result is not only an exhaustive report on the current status of the problem and efforts to combat it, but also an important model for future studies in other areas of the world where the practice persists.

One valuable aspect of this study is that it surveys a wide region where few studies on child marriage have occurred in the recent past. It examines trends in the practice over 12 years in 16 countries, providing readers with a broad and comparative understanding of the issue. Another major contribution is the thought-provoking list of best practices and lessons learned that emerged from the researchers' scrutiny of existing interventions and evaluations. The report also acknowledges its own gaps and limitations, making clear the need to monitor, evaluate and learn from the various strategies to end child marriage and highlighting the important role research can play in uniting efforts across diverse fields affected by the issue.

The study is relevant for a range of stakeholders. Impact investors will benefit from the report's suggestions for how to support civil society organizations and hold governments at regional and national levels accountable for ending child marriage. Government and regional bodies will find much to consider in the study's detailed menu of recommendations for measures against child marriage at three levels: law and rights; policy and institutions; and projects and actions.

For the Ford Foundation, this report is a crucial step forward in our efforts to end child marriage and an example of how our valued partnerships with organizations around the world are critical to helping empower women everywhere to control their reproductive health and claim their full human rights.

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List of Acronyms and Abbreviations

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACPF	African Child Policy Forum
ACRWC	African Charter on the Rights and Welfare of the Child
AGSP	Ambassadors Girls Scholarship Program
AHI	Action Health Incorporated
AHIP	Adolescent Health Information Project
AIDS	Acquired Immuno-Deficiency Syndrome
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
AU	African Union
CAGE	Community Action for Girls Education
CCTs	Conditional Cash Transfers
COMPASS	Community Participation for Action in the Social Sector
CSOs	Civil Society Organizations
CS Forum	Civil Society-Forum
DAC	Day of the African Child
dRPC	development Research and Projects Centre
ECOWAS	Economic Community of West African States
FAWE	Forum for African Women Educationists
FGC	Female Genital Cutting
FIDA	International Federation of Women Lawyers
FORWARD	Forum on Marriage and the Rights of Women and Girls
FOMWAN	Federation of Muslim Women Associations of Nigeria
GNI	Gross National Income

ICASA	International Conference on HIV/AIDS in Africa
ICRW	International Centre for Research on Women
IRIN	Integrated Regional Information Networks
LEAP	Livelihood Empowerment Against Poverty
LFPR	Labour Force Participation Rate
MGD	Millennium Development Goals
MOU	Memorandum of Understanding
NDHS	National Demographic Health Survey
NGO	Non-Governmental Organization
NNHRI-WA	Network of National Human Rights Institutions in West Africa
NORAD	Norwegian Agency for Development Corporation
RH	Reproductive Health
SMAM	Singulate Mean Age at Marriage
TEGINT	Transforming Education for Girls in Nigeria and Tanzania
TFRs	Total Fertility Rates
TVET	Technical and Vocational Education and Training
UN	United Nations
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VVF	Vesico-vaginal fistula
WACSOF	West Africa CSO Forum
WHO	World Health Organization

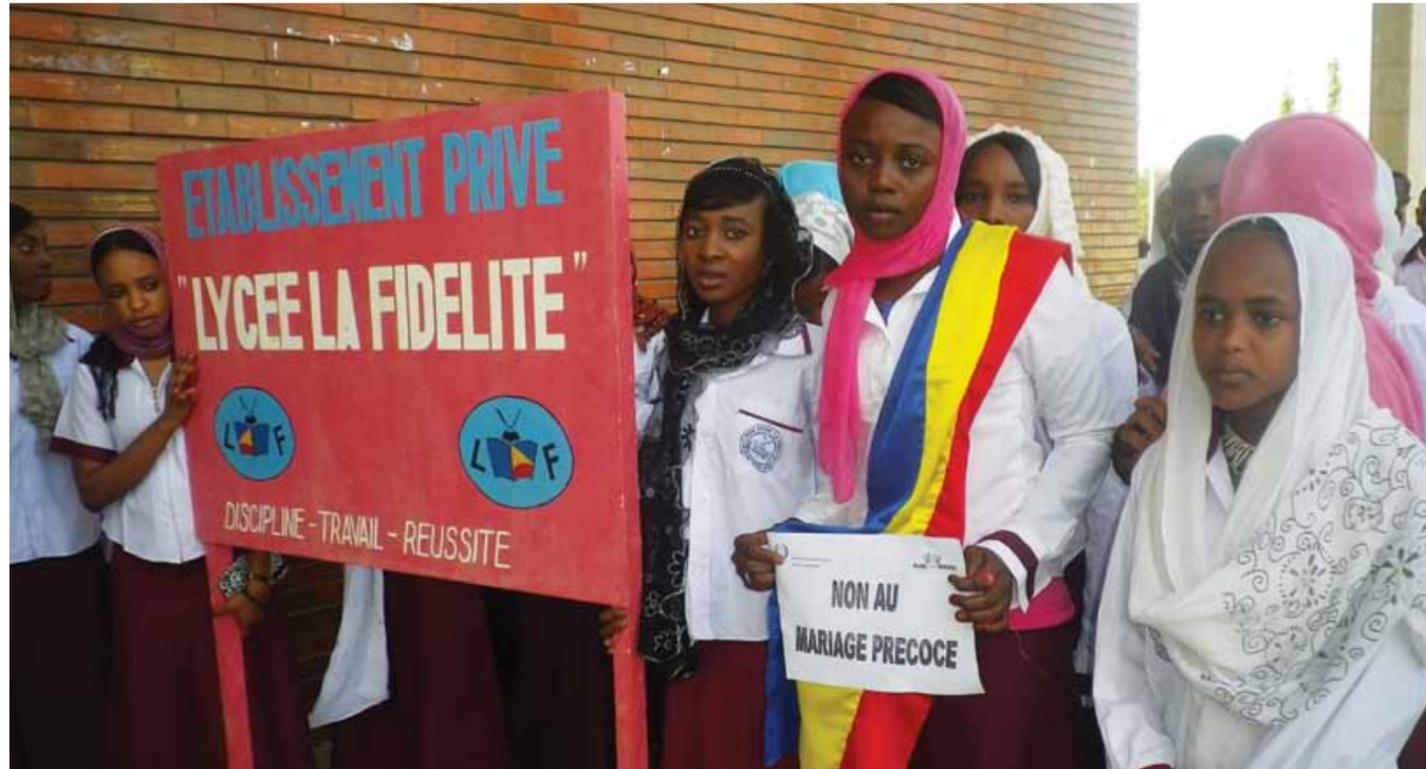# List of Tables and Figures

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Photo taken by field researchers 2012

Photo Credit: dRPC, Kano

Executive Summary

The harmful traditional practice of child marriage persists worldwide. In developing countries, more than 30 percent of girls are married before the age of 18, and 14 percent before they are 15. Defined as a customary, religious or legal marriage of anyone under 18, child marriage occurs before the girl is physically and psychologically ready for the responsibilities of marriage and childbearing. It therefore has major consequences for public health, national security, social development, human rights, economic development and gender equality.

This study scans the situation in West Africa, which has the continent's worst rates of child marriage: 49 percent of girls under 19 are living in marital unions. They are six million of the world's child brides. Child brides in West Africa are also likely to be married at the very early age of 9 to 12 years, the earliest tipping point in the global south. They are also more likely to be illiterate, to be younger at first birth, to give birth to more children over their reproductive lives, to be in a polygamous union and have a lower uptake of modern family planning services than child brides in other zones of Africa and indeed South Asia. To undertake this scan, a team of 20 researchers first carried out a comprehensive desk review of existing literature to profile the situation in the 16 countries of the region. This was followed by an in-depth field investigation that captured the knowledge and insights of 218 key informants among NGOs and international development partners; government ministries and agencies with responsibility for programs in this area; and independent experts such as academics, lawyers, graduate students, consultants and international operatives.

From these reports, a clear picture emerges of the scale, distribution and persistence of the problem in the region, and of best and promising practices that have shown success in ending it. The report spotlights remaining challenges and offers recommendations at three levels: law and rights, policy and institutional frameworks, and programs, projects and actions.

The Current Situation

The report first discusses the context of and reasons for the persistence of child marriage in West Africa. The leading indicator is poverty, which drives unemployed parents to regard children as economic burdens, school fees as unaffordable and girls as a potential source of dowry income. Cultural tradition, conflict, state fragility and a general bewilderment by parents and communities about what to do with large numbers of children in the face of a failing education system and a stiffed economy are also determining factors. A very interesting observation by informants is that the failure to view early marriage as a problem is chiefly what accounts for its persistence.

A major point of commonality is the low status of girls and women. They bear the burden of the region's persistent economic, environmental and ethno-political crises, which relegate them to an underclass valued mainly for domestic and reproductive labor. The result is female poverty, physical seclusion, illiteracy, powerlessness and gender-based violence, which includes female genital cutting, forced marriage, polygamy and levirate marriage. Violence against women and children in conflict and post-conflict situations as well as child labor is widespread.

Ethnic and cultural divisions linger from the colonial era, so that the region is wracked by political conflict. It also suffers from rapid climate change that contributes to chronic food shortages, and growing deserts that coexist with floods in the same locations. With rampant poverty, a weak civil society and some of the planet's lowest human development indicators, West Africa suffers from poor governance by unresponsive states, ethnic tensions that often erupt into violent conflict, chronic youth unemployment and high population growth rates, all of which over-burden the physical, social and economic infrastructure. Measures aimed at curbing child marriage thus go largely unenforced.

As a result, the study found that between 2000 and 2011, only three of the target countries in the Economic Community Of West African States (ECOWAS) made

...in West Africa, which has the continent's worst rates of child marriage: 49 percent of girls under 19 are living in marital unions.

The heart of this report is its identification and evaluation of 111 major interventions to end early marriage that were tried in the region's 16 countries between 2000 and 2011 by governments, international development partners and public and private actors.

significant improvement in age of marriage (Sierra Leone, Nigeria and Senegal). Five countries regressed, trending toward an even earlier marriage age (Cape Verde, Togo, Burkina Faso, Benin and Mauritania), while the patterns in four countries remained virtually unchanged (Ghana, Niger, Cote d'Ivoire and Mali). Notably, the *number* of married girls is not highest in the countries where the overall absolute number of married girls is highest. Child marriage affects many more girls in Nigeria than in all the other countries put together, although its prevalence rate is much lower than Niger's, the region's highest. Remedial efforts must be targeted with this distinction in mind.

The scan examined the relationship between age at first marriage and primary school attendance or completion; female labor force participation rates; and urban/rural residence. Contrary to expectation, primary school attendance or completion was not necessarily associated with increase in age at marriage. That is because decisions about attending school are primarily those of parents, families, and communities, not the girls themselves. Marriage or union formation does not precede but rather follows primary school leaving, which is highly associated with factors such as poor schooling outcomes, poor grades, class repetitions, poor quality of teaching and unsafe school environment. Other studies suggest, however, that the reproductive health decision-making capacity of young people, including age at marriage, can be strengthened by encouraging completion of secondary school.

The study found a positive relationship between later age of marriage and labor force participation, and with urban residence. However, it must be noted that the majority of urban children in the study area live in slums, and poverty, as we have seen, is the leading risk factor for early marriage. As tradition dominates in the region and economies continue to grow in the face of staggering youth unemployment, it seems unlikely that girls will find sanctuary in the workforce.

Niger, Mali and Chad are among the countries with the highest prevalence of early marriage worldwide, and are the region's hot spots along with Nigeria, Cote d'Ivoire and Burkina Faso.

Most are also among the countries with the world's highest rates of maternal mortality and adolescent births, and the lowest contraceptive prevalence rates.

The study found that married adolescents in the region have unique characteristics that define their vulnerability. This suggests that they must be targeted specifically by programs with measurable indicators

and goals that give priority to their particular needs. Since about 80 percent of births to adolescents in sub-Saharan Africa occur within marriage, married girls are more vulnerable than their counterparts to multiple reproductive health problems.

Current Interventions

The heart of this report is its identification and evaluation of 111 major interventions to end early marriage that were tried in the region's 16 countries between 2000 and 2011 by governments, international development partners and public and private actors. Only 10 programs addressed early marriage as their stated objective, with indicators that were tracked and evaluated. The rest either did not target early marriage directly but had significant early marriage outcomes, or their activities and strategies addressed early marriage in a secondary manner without tracking the results.

More than a third of the programs (43 of them, or 39 percent) used advocacy and community mobilization as the main strategy. Girls' education was second at 22 programs or 20 percent, followed by fistula interventions, 16 in total. Adolescent empowerment, used by 11 interventions, and economic strengthening, used by seven programs, completed the list of dominant approaches. Other strategies included research on early marriage (five), child protection and legal approaches (five) and adolescent reproductive health and education (two).

Nigeria had more programs than any other country studied (25), almost all concentrated in the northern region. Eight aimed at increasing girls' school enrolment and retention using scholarships or conditional cash transfers; six were fistula programs. Guinea Bissau and Cote D'Ivoire had the fewest number of programs addressing early marriage, four in each. All used education and community mobilization strategies.

Best Practices

The study next identified approaches that are working best, highlighting gaps and what can be improved, noting however that most interventions have not been rigorously evaluated. Integration of programs wherever possible was the overriding indicator of success.

In education programs, the best practices were involvement of communities through mass community mobilization such as radio programming; accurate targeting for direct grants to parents or girls; integrated programming in girls' lessons; engagement of male faith and cultural leaders; school-to-work elements

with skills instruction; youth-run and youth-friendly centers; and literacy support. Other useful practices were improvements to education quality, provision of safe spaces and school clubs for girls.

In advocacy and community mobilization programs, best practices included public declarations by influential community leaders; male involvement, especially engagement of cultural, community and faith leaders; integrated programming with other approaches; and NGO leadership and networks to implement interventions.

In economic strengthening, cash transfers to parents, savings and loan schemes, validated registration systems and the use of modern technology to avoid cash leakage were the most effective. *In adolescent empowerment,* the best school-based approaches integrated skill acquisition into mainstream schooling, while those for out-of-school teens offered literacy and skill training. HIV/AIDS and sexuality education were effective in raising marriage age for both groups.

The most useful *research* programs created toolkits for activists working with target populations and resource packs for evaluators, and documented ways to tell whether projects are suitable for scale-up. Critical feedback to governments was effective in *child protection and legal* approaches, while *adolescent reproductive health* efforts worked best when they built partnerships to broaden sexuality education, integrated HIV/AIDS prevention messages into all projects and delivered high-quality confidential services.

Fistula interventions succeeded most in partnership with government facilities and with ministries of health in training local surgeons, in programs integrating prevention and rehabilitation components, and in applying a Levels-of-Care approach.

Challenges and Gaps

Overall, the failure of political will among national and sub-national governments to enforce child protection and child rights laws and implement policies emerges as the chief hindrance to ending child marriage in West Africa. Other challenges include widespread cultural pushback against sexuality education; weak research and poor monitoring and evaluation studies; poor partnership-building strategies; vertical rather than integrated programming; and underfunding. Poor-quality evaluations or their entire lack have been a recurring challenge in establishing interventions. Funding agencies therefore face challenges on designing and reporting on ways to integrate and expand

interventions, particularly in specialized programs such as fistula repair.

Some of the limitations of the study had to do with the fact that the research team greatly underestimated the challenge of coordinating 18 researchers across 16 West African countries, many of which were in the throes of conflict at the time of the research. This involved negotiating complex and diverse informed consent procedures, problem-solving as the study progressed and winning the confidence of key informants at community level. It was difficult to negotiate with governments to obtain official documents and secure permission for senior officials to be interviewed. This was particularly so in French-speaking West Africa.

Compliance with budgetary provisions was also a challenge, as the study pushed past the submission date with more country-level researchers and translators being engaged. In Togo and Ivory Cote d'Ivoire, researchers failed to meet the terms of their contract. In Benin a competent researcher was identified only at the completion stage of the mapping, and therefore he did not benefit from trainings and meetings. These difficulties led to several rounds of gap-filling and supplementary research. Another limitation was that the universe of possibly useful interventions is a vast one, and we are not sure we covered it in its entirety.

The study's main limitation, however, revolved around consistent data sources. Data are not available for some of the indicators in countries such as Liberia, where warfare raged for much of the study period. Some data for other countries come from two different sources, so results must be interpreted with caution.

Recommendations

Despite its limitations, this report offers an integrated menu of recommendations on three levels – law and rights, policy and institutional frameworks, and programs, projects and actions. We argue that any successful effort against early marriage in West Africa must operate at all three levels. Recommendations are framed for partnership and coordination by the multiple stakeholders involved.

Recommendations at the level of Law and Rights

» Codify provisions to protect girls against forced marriage in customary and Sharia law and to sensitize community judges in those systems, because of continued resistance to provisions against forced marriage in penal law.

Married adolescents in the region have unique characteristics that define their vulnerability. This suggests that they must be targeted specifically by programs with measurable indicators and goals that give priority to their particular needs.

» Establish a coordinating agency with responsibility for child rights and protection and a mandate to incorporate technical expertise and civil society inputs. The National Child Rights Implementation Committee (NCRIC) in Nigeria is a possible model.

» Legislate Children's Acts that focus on the social responsibilities of the family and the state and recognize age of marriage as part of social protection. Such an act in The Gambia upholds the principles of responsibility and the best interests of the child.

» Support regional networks of community service organizations (CSOs) working to end early marriage within the framework of the Human Rights Commissions common to most West African countries and holding government, citizens and other agencies accountable.

» Strengthen the CSO Forum of the AU by encouraging greater participation from Anglophone hotspot countries such as Nigeria, which are currently under-represented.

» Strengthen regional gender and child rights networks. These include the West Africa CSO Forum (WACSOF), Comité de Liaison des Organisations Sociales pour la Défense des Droits de l'Enfant (CLOSE), Coalition Nationale des Associations et ONG en Faveur de l'Enfance (CONAFE), ANPPCAN, and the Network of NHRIs in West Africa (NNHRI-WA).

» Support an initiative to review and update the reading lists of university law, political sciences, sociology, education and development studies curricula in order to increase awareness of the problem of early marriage in the academic community.

» Design a strong development media sub-project within national TV and print media outlets to showcase and track decisions and feedback from the ACRWC and the ECOWAS Community Court, as well as the compliance of national governments.

» Support a regional conference among the West African Bar Association, National Associations of Women Judges and FIDA to discuss the issue of poor prosecution records for violation of early marriage laws.

» Assist ECOWAS to strengthen its institutional and ad hoc forums, institutions and activities to support the girl child. Such recent forums included the 2009 Policy Dialogue on Education of Girls and Children with Disabilities in the ECOWAS Region, in Niger; the 2008 Meeting of Experts for the Promotion of Girls and Women's Education in West Africa, in Benin; and the 2012 meeting of ECOWAS and the International Labour Organization (ILO).

» Provide strategic support for ECOWAS to forge links with media for increased awareness and vigilance around ECOWAS policies and protocols to support the girl child, such as obligations under the Right to Protection of the Girl Child, the Gender Policy and the Education Protocol.

Recommendations at the level of Policy and the Institutional Framework

» Mainstream the special needs of the girl child into child protection policies and programs, using an approach in which government's health, education, labor and other ministries work together. In Senegal, the multi-sectoral National Plan of Action for Children has been effective.

» Train and strengthen government planning and budgeting ministries on child-centered budgeting, such as at the Ministry for the Promotion of Women, Children and Families in Mali.

» Work with traditional and religious leaders to create awareness of laws and policies at the community level. The Senegalese Director for the Protection of Children's Rights, for example, works to reduce harmful traditional practices in the country.

» Support government's efforts to implement the new WAEC Senior Secondary School Curriculum, which offers girls in secondary school a range of 34 vocational and technical subjects to choose from in developing a career.

» Establish a National Gender Management System with fully functional machinery.

» Improve the capacity of agencies including social welfare departments, the police, ministries of education and health and the courts to work together to address cases of coerced marriage. Toolkits can be developed for the Anglophone and Francophone West African countries. Trainings should be coordinated by intermediate CSOs.

» Develop new strategies to support the domestication of National Gender and Child Rights policies in hotspot zones by codifying and creating awareness of existing provisions in Sharia law for the protection of children.

» Improve the technical design and implementation of education interventions in hotspot zones to target girls at the tipping point of early marriage and to build community support for girls' education

Recommendations at the level of Projects and Actions

» Support coordinated "quick wins" by CSOs throughout West Africa. These can increase awareness and address early marriage in the local environment. While high-level interventions targeting regional agencies may have potential for greater impact, community-level initiatives can also address cultural, economic and environmental barriers. Intermediary NGOs can make sub-grants, monitor and build the capacity of community-based organizations to incorporate child marriage objectives into their work plans.

» Raise the profile of campaigns to end early marriage in West Africa by targeting commemorative days such as International Children's Day, the Day of the African Child (DAC) on June 16 and the Day of the Girl Child on 11 October.

» Scale up and improve delivery of conditional cash transfer pilot projects to improve targeting and reduce leakages.

» Extend monitoring visits to beneficiaries of conditional social protection programs to sensitize families and communities about the rights of girls to education, as in Ghana's LEAP program.

» Develop a toolkit and a Monitoring & Evaluations Working Group to improve monitoring, evaluation and knowledge management of interventions to end early marriage.

» Engage Christian and Muslim faith leaders and faith-based organizations in community awareness programs that target conservative community/faith leaders as well as at partners and teachers. This should offer education about the harmful effects of early marriage in the form of a leadership development project. Learning visits to other countries could allow study of alternative ways to mitigate the impact of this harmful traditional practice.

Conclusion

The need for urgent action against child marriage is clear. Stakeholders seeking to end it include feminists and women leaders; development programmers; global, regional and sub-state agencies; and cultural, community and faith leaders. Despite the limitations of this report, the data presented here offer an excellent opportunity to understand the dynamics of age at first marriage in West Africa from 2000 to 2012. The recommendations provide a menu of options for effective action at every level against this persistent problem.

Please note: In addition to this Mapping report, the authors developed a companion paper with details on policies in each of the West African countries. This report, *Ending Early Marriage Through Legal, Rights-based and Public Policy Approaches in West Africa* is a policy paper prepared by the development Research and Projects Center (dRPC) and is available upon request.

FIGURE 1.0: SUMMARY OF RECOMMENDATIONS TO END EARLY MARRIAGE IN WEST AFRICA

Levels of interventions	INTERVENTION TYPE AND STRATEGY			Sectors
	Strategy Type			
	Prevention interventions	Campaigns Research Male Focus	Interventions for married adolescents	
LAWS & RIGHTS	Design & enforce laws to link child labor, child mobility, trafficking & early marriage.		Comply with AU Youth Charter, tracking compliance and media dissemination.	**Economic**
	Enforce laws on age of marriage, child rights, social protection, human rights, VAW & anti-trafficking. NGO and NGO networks should participate in test cases, increase literacy of laws & rights in the public sphere.		Track country reports to AU, UN, ECOWAS; submit shadow reports. Test cases by NGOs & Regional Networks against non-compliant ECOWAS countries. Facilitate dialogue and consistent interpretation of laws within the judiciary.	**Human Rights**
	Make and comply with laws mandating free and compulsory education.		Train teachers, social workers & police on laws and rights of girls at risk of withdrawal from school for marriage; develop protocols.	**Social**
	Legislate free maternal health policies and build capacity of CSOs to advocate for them.		Specifically mention married adolescents in maternal health laws.	**Health**
POLICY & INSTITUTIONAL FRAME-WORK	Enforce youth employment policies and increase coordination with responsible government agencies such as Labor, Economic Planning etc.		Enforce national gender policies, pass regulations to support women in agriculture, industry & microfinance.	**Economic**
	Support CSOs and networks to conduct national & regional advocacy, training of Gender Desk officers, domestic implementation of children's rights laws.		Institute national gender policies, EFA and girls' education policies, training of Gender Desk officers.	**Human Rights**
	Set up social protection, OVC policies, gender desk officers, gender budgeting & line items for education, stakeholder collaboration forums.		Increase compliance with registration of births and marriages, link with school enrollment and access to services.	**Social**
	Expand sexuality & family life education, establish budget line item for maternal health and increase allocation; develop gender responsive adolescent RH policy.		Establish minimum standards, quality of services protocols on integrated and vertical services in maternal health, HIV/AIDS, trafficking, education and social welfare.	**Health**
PROGRAMS, PROJECTS & ACTIVITIES	Economic empowerment, skill acquisition, conditional and unconditional cash transfers.		Economic empowerment, life skills, micro-credit, remedial education programs, youth retraining programs for girls.	**Economic**
	Public awareness & school-based celebration of International Children's days and Day of African Child, community declarations.		Shelters for battered girls/women, legal aid clinics.	**Human Rights**
	Scholarships for girls, safe space projects, school–to-work bridging programs, water and sanitation facilities, teacher quality , involvement of PTAs, TVET for girls.		Folk and modern media outreach & enlightenment programs; young mother clubs to address isolation; literacy programs, informal education & evening classes for married girls.	**Social**
	Youth-friendly clinics run by NGOs and youth groups. Leadership development for gender and RH programs to build capacity of male cultural and faith leaders to champion end to early marriage. Education projects creating awareness of the harmful effects of FGM and links with early marriage.		Interventions to reduce maternal mortality and morbidity among married adolescents. Making early motherhood safe. Interventions to reduce neonatal and infant mortality, Levels of care, VVF Projects. Train teachers and social workers in case management of girls at tipping point of withdrawal from school for marriage.	**Health**

MAPPING EARLY MARRIAGE IN WEST AFRICA

SECTION 1: ENDING EARLY MARRIAGE IN WEST AFRICA - WHERE ARE WE NOW?

First meeting of the Coalition to End Child Marriage in Nigeria

Photo credit: Tony Jeffery

Section 1
Ending Early Marriage in West Africa - Where are We Now?

Background

The harmful traditional practice of early marriage persists in many regions of the developing world. Stakeholders seeking to end it include feminists and women leaders; development programmers; global, regional and sub-state agencies; and cultural, community and faith leaders.

Recently awareness has grown worldwide of the health, security, social development, human rights, economic and gender equality consequences of early marriage. The need for urgent action against it has been flagged by the African HIV/AIDS and reproductive health community at the International Conference on AIDS and STIs in Africa (ICASA) in December 2011; by USAID[1] in recent reports; by UN leaders[2] and committees,[3] by the World Health Organization and most recently by the Ford Foundation which made a US$25million commitment to end this practice at the inaugural International Day of the Girl Child on 11 October 2012.

Recommendations, solutions and strategies from around the world have been tried across West Africa with varying degrees of success. What has been done? What have we learned? Can we scale up effective projects to address the problem of early marriage in a sustainable manner? In short, what is the current map and the lay of the land on early marriage in West Africa? This study seeks to answer these questions. Similar studies have explored the terrain in issues of reproductive health and rights.[4]

Overview

Sections 2 to 7 below explore the developmental context of early marriage in West Africa, map out trends in phenomena, compare the West African pattern with that of other zones and identify interventions that worked to end early marriage, including the best practices and challenges of each. The final section spells out recommendations for further work in addressing the problem. A comprehensive menu of recommendations is proposed at three levels: law, policy and projects.

Box 1.0: WHO member states call for awareness on challenges of early marriage

Geneva, Switzerland (PANA) - Delegates to the just-ended 65th World Health Assembly in Geneva have requested that World Health Organization (WHO) continues raising awareness of the problem of early marriage and adolescent pregnancy and the consequences for young women and their infants. In one of a series of resolutions and decisions adopted by member states on Saturday, delegates noted that more than 30% of girls in developing countries are married before the age of 18, and 14% before the age of 15.

"Many delegates requested that WHO continues raising awareness of the problem of early marriage and adolescent pregnancy and its consequences for young women and their infants." The resolution said several member states noted the importance of implementing laws and policies and strengthening sexuality education. Some countries said that "one size does not fit all" and that family and community social norms must be considered.

Source: www.who.int/mediacentre/news/releases/2012/wha65_closes

Study Rationale

Few interventions specifically designed to end early marriage exist in hotspot zones in West Africa. In a 2007 global scan, no programs whatever could be identified in Cameroon, Chad and Central African Republic, and only one intervention was found in Guinea, Liberia, Mali and Niger (ICRW, 2007). Moreover, while rigorous evaluations of interventions to end early marriage are scarce worldwide, evaluators are particularly challenged in Africa by difficulties of access and community resistance to such interventions. To the extent that scans exist, Ethiopia and Kenya are the jewels in the research crown. Few studies cover Chad and Mali, and no studies cover the entire West African region. The knowledge void on early marriage in West Africa is therefore very real and a worrisome issue for development impact investors.

Where statistics exist, notably within UN agencies, sub-Saharan Africa is characterized by alarmingly early marriage ages. Central and West Africa are the worst: 40% and 49% respectively of girls under 19 are living in marital unions. This compares to 20% for Northern and Southern Africa, and 27% in East Africa. Within Central Africa, the Democratic Republic of Congo stands out: 74% of all girls are in unions by age 19.

MAPPING EARLY MARRIAGE IN WEST AFRICA

SECTION 1: ENDING EARLY MARRIAGE IN WEST AFRICA - WHERE ARE WE NOW?

In Cameroon, 52% of girls 20 to 24 said they were married by age 18. Niger, Chad and Mali had the highest rates of women 20 to 24 who said they were first married or in a union by age 15. These countries are also among those with the highest total fertility rates (TFRs). According to UNICEF in 2006, 44% of women ages 20 to 24 there gave birth before the age of 18. It is against this background that the Ford Foundation West Africa office commissioned this study to map out trends, patterns and opportunities for programming.

Methodology

This study focuses on interventions that have shown success in ending early marriage. It covers both interventions that state ending early marriage as a specific objective and others that aim only to mitigate[5] the harmful effect of early marriage or to reduce the risk, without mentioning that as an objective. Four broad groups of actors are initiators of such interventions in West Africa:

1. Global and regional bodies working within global development agendas;

2. State and sub-state agencies in the countries;

3. Bilateral aid agencies and international development NGOs; and

4. Indigenous civil society organizations, networks and advocates.

While this study recognizes that these groups are not exclusive and that projects cut across the categories, the classification allows an exploration of objectives, strategies and – most importantly – the potential for success of the various interventions. A second area of classification deals with the broad strategy behind each intervention to end early marriage. We reviewed

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Box 1.1: Classification of interventions to end early marriage

1. Education
2. Advocacy and community mobilization
3. Adolescent empowerment
4. Economic strengthening
5. Research
6. Child protection and legal approaches
7. Adolescent reproductive health education and services
8. Services against vesico-vaginal fistula (VVF)

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the literature attempting to classify interventions and drawing on taxonomies compiled by the International Center for Research on Women and other sources, and found eight broad clusters of interventions. They are listed in Box 1.1.

Study Outline and Scope

In this scan, early marriage is defined as marriage of a female child below the age of 18, before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and childbearing. This definition accords with Article 1 of the Convention on the Rights of the Child.

Under the rubric of early marriage, the study aims to map interventions with the potential to delay age of marriage. In the broadest sense, that means early marriage, arranged marriage, undesired marriage and forced marriage, as well as early motherhood.

The terms of reference revolve around research questions formulated to unearth information about what, when, where, why, how and for whom early marriage exists in West Africa. It covers the 15 West African member countries of ECOWAS plus Chad, which was granted observer status at the 39th Ordinary Session of ECOWAS Heads of State in March 2011. The period covered was 2000 - 2012.

Overall Goal

The goal of this study is to review and take stock of contemporary interventions to end early marriage in West Africa, and to learn lessons and map strategies and recommendations to improve the effectiveness of such interventions.

Specific Objectives

1. Expand knowledge about the patterns, trends and distinguishing features of early marriage among countries of West Africa; and

2. Improve programming design and strengthen recommendations by reviewing past programming experiences to learn lessons and propose new strategies.

Research Questions

» What are the social, cultural, economic and religious determinants of early marriage in West African countries?

» To what extent have development stakeholders promoted, funded and/or supported interventions leading to delay the age of marriage in these countries?

» What are the objectives, scope, design, coverage and implementation strategies of contemporary early marriage interventions in West Africa?

» What factors account for the performance, degree of success or extent of failure of these interventions?

» What can be learned from contemporary early marriage interventions, what recommendations can be drawn from the experiences and how can interventions be made more sustainable?

Research Design

A longitudinal comparative research method was used to organize data and explore the research questions. The period covered is 2000 to 2012. The comparison asked which countries made the greatest progress toward increasing age of marriage in that period.

A two-stage research process was used. First, a comprehensive desk review developed early marriage profiles of the target countries. Then an in-depth field investigation administered key research instruments: researchers were identified for each country and three categories of interview guides were developed. All the researchers were experienced in primary data collection. They were academics, leaders of NGOs such as ACORD Chad, and members of West African research networks. The interview guides targeted the following key informants:

» **Instrument 1:** NGOs and international development partners

» **Instrument 2:** Government ministries and agencies with responsibility for policies, programs and projects with potential to delay the age of marriage

» **Instrument 3:** Independent experts (academics, lawyers, post-graduate students, consultants and international operatives)

Each country-based researcher was engaged to conduct four interviews for each of the three categories of informants. The researchers were expected to submit a summary of findings and recommendations as well as research/evaluation reports and photographs.

Appendix 1.0 presents a summary of the number of completed research outputs expected by country compared to the number actually received. There were no research outputs for three countries because the project was unable to identify competent researchers. In other countries, the number of outputs submitted fell short of those expected.

Limitations and Challenges

The research team greatly underestimated the challenge of coordinating 18 researchers across 15 West African countries. This involved informed elaborate informed-consent procedures, problem-solving as the study progressed and constant reference back to government agencies keenly monitoring the research process. Obtaining permission for senior officials to give interviews was also a challenge as was the issue of obtaining official government documents.

Compliance with budgetary provisions was also a challenge, as we had to engage country researchers who were not in the budget. In Togo and Cote d'Ivoire, submissions of researchers failed to comply with the study protocol and meet the terms of the contract. In Benin a competent researcher was only identified at the completion stage of the mapping. These difficulties led to several rounds of gap-filling and supplementary research. Another limitation was that the universe of possibly useful interventions is a vast one, and we are not sure we covered it in its entirety.

The study's main limitation revolved around consistency in data sources. Data are not available for some of the indicators in countries such as Liberia, where warfare raged for much of the study period. Some data for other countries come from two different sources, so results must be interpreted with caution. Variations in trends shown may come from sampling variability and/or variations in estimation methods.

Despite these limitations, the data presented here offer an excellent opportunity to understand the dynamics of age at first marriage since 2000. To assess the magnitude of change, countries were classified into high change, little change and negative change. A country was grouped as high if the change in age was at least two years. Little change meant between 0.1 to 1.9 years, and negative change meant a reduction of age at marriage between the successive time periods.

Senegalese school girl.

Photo credit: Robin Wyatt

Section 2
The Context of Development and Under-development

Introduction

Marriage is one of the principal factors (apart from contraception) that affects a woman's risk of becoming pregnant. Women who marry earlier are more likely on average to have their first child earlier, contributing to higher fertility rates. As a result, female age at marriage is also a determinant of vulnerability to HIV/AIDS, domestic violence/intimate partner violence, and fertility. While available data also show that a significant proportion of women bear children prior to their first marriage, this is not the dominant pattern in West Africa.[6]

Factors that interact to place a child at risk of marriage include poverty, protection of girls from out-of-wedlock pregnancies and the desire of parents to protect family honor.[7] Throughout West Africa, parents who fear the communal shame of "promiscuous" daughters arrange for their girls to wed as young as 9 or 10 years. Pregnancy with its attendant risks is then common. For example, in Burkina Faso, half of girls who marry before 18 get pregnant within the first year.[8] Francophone West African countries are among those with the most maternal deaths: the maternal mortality ratio (deaths per 100,000 live births) is 1,000 in Guinea Bissau, 820 in Mali, and 830 in Niger, and child mortality rates are also alarming.[9]

Development and Under-development in West Africa

As West African countries record consistently high rates of economic growth, development practitioners are excited about the implications for social transformation, especially for women and girls. Table 2.0 below suggests that with the exception of war-ravaged countries, ECOWAS economies are not doing badly.

ECOWAS consists of 15 West African countries (five Anglophone, eight Francophone and two Lusophone) from the Cape Verde archipelago in the west to Nigeria in the east. With 378 million people (4.6% of world population and 45% of sub-Saharan Africa's 841

million), this area is arguably the most vibrant on the continent. Except for the two Lusophone countries, Equatorial Guinea and Cape Verde, all countries including Chad (which has observer status) are listed as low-income, with a Gross National Income (GNI) of US$995 per capita or less. Cape Verde is lower-middle income at US$996 to $3,945, while Equatorial Guinea stands alone as the only African country labeled high-income, with a GNI of $12,196.00 per capita or higher.[10]

TABLE 2.0: SOCIOECONOMIC PROFILE OF ECOWAS COUNTRIES AND CHAD (OBSERVER STATUS)

Country	Annual average economic growth rate	Population growth rate	Annual Population growth rate	Female Annual literacy rate (% ages 15 and older)	Net Official development assistance per capita in (current US$)
	2000-09	2000-09	2009	2009	2009
Benin	0.6	3.3	3.1	57.6	$76.4
Burkina Faso	1.9	3.3	3.4	-	68.8
Cape Verde	4.8	-	1.4	80.2	387.5
Chad	6.7	3.2	2.6	23.1	50.1
Cote D'Ivoire	-1.3	2.2	2.3	45.3	112.3
Gambia	2.1	-	2.7	84.1	75.1
Ghana	3.5	2.2	2.1	60.4	66.4
Guinea	1.0	2.0	2.4	28.1	21.3
Guinea Bissau	-1.4	-	2.2	38.0	90.3
Liberia	-3.5	3.7	4.2	54.5	127.7
Mali	2.8	2.4	2.4	-	75.7
Mauritania	2.0	2.6	2.3	50.3	87.1
Niger	0.5	3.6	3.9	-	30.7
Nigeria	4.0	2.4	2.3	49.8	10.7
Senegal	1.6	2.6	2.6	-	81.2
Sierra Leone	5.8	3.3	2.4	30.1	76.8
Togo	0.1	2.6	2.4		75.4

West Africa has been said to harbor the world's largest number of weak and failed states.[11] Tribal and cultural divisions linger from the colonial era. The region is wracked by political conflict, rapid climate change that contributes to chronic food shortages, and growing deserts that coexist with floods in the same locations. With a weak civil society and some of the planet's lowest human development indicators, West Africa suffers from poverty, poor governance by unresponsive states, ethnic tensions that often erupt into violent conflict, chronic youth unemployment and high population growth rates, all of which over-burden the region's physical, social and economic infrastructure. Liberia, Sierra Leone and Cote d'Ivoire can be described as post-conflict countries now rebuilding after more than a decade of devastating civil wars.

Gender, Women's lives and Health in West Africa

Throughout West Africa, one point of commonality is the low status of girls and women.[12] They bear the burden of the contemporary economic, social, environmental and ethno-political crises, which are anchored upon historical and traditional structures and systems. These further subjugate women and girls, relegating them to an underclass valued mainly for domestic and reproductive labor. The result is female poverty, physical seclusion, illiteracy, powerlessness and gender-based violence.

Female genital cutting, early marriage, forced marriage and in-family marriage are the best-documented forms of gender-based violence against the girl child in the region, deriving largely from traditions and culture. Violence against women in the post-conflict societies of Liberia, Sierra Leone and Cote d'Ivoire is also an issue of growing concern to the international development community.

In West Africa, where polygamy is common, that practice's links to early marriage have not been fully explored in ethnographic work. But in Senegal, where a quarter of urban marriages and a third of rural marriages are polygamous, evidence suggests that second, third and fourth wives are increasingly younger. This is also a factor in Niger and Mauritania, where polygamy is linked with the "fifth wife" practice to fuel an ancient form of concubinage in a modern form of slavery. Many fifth wives were trafficked as young girls from rural regions across West Africa to the houses of richer and older urban males.

Explaining the Persistence of Early Marriage

Table 2.1 shows that Nigeria, Niger, Mali, Cote d'Ivoire, Chad and Burkina Faso are the hot spot areas: Nigeria alone has almost half the total West African population of girls age 15-19 who are currently married.

When asked about reasons for the differences, key informants offered various explanations: poverty; increased vulnerability of girls during conflict, crises and displaced situations; culture; history and in some cases religion. One informant, asked about Gbarnga in Bong county in Liberia, a hotspot for early marriage, noted that Gbarnga was a headquarters for former rebel leader Charles Taylor's National Patriotic Front, "where young girls were forced into relationships during the civil war or accepted the relationships because the ex-combatants

could afford something to give. Gbarnga served as one of the disarmament center in 2004, so it was densely populated."

Asked why the practice has not diminished, he said, "Because the cost of living is higher than it was prior to the war. Girls are the most vulnerable and easily carried away by the need for money."[13]

Perhaps the most interesting observation by informants is that the failure to view early marriage as a problem is chiefly what accounts for the persistence of this harmful traditional practice. This is expressed in the quote below:

> **Box 2.1: Key informant's response**
>
> "Early marriage is the most neglected among children's problems and also the least sponsored. The NGOs in Niger do not have specific interest in this problem and even within the Nigerian society, it is not seen as a problem, so my advice is that the community should be sensitized enough to be aware of the problem. If we succeed in including them in the project of fighting against early marriage, the impact of intervention will be high. It is also better to study a phenomenon, do research and know what is there. There is a doctor's saying that ''a sickness known is already halfway treated.''
>
> **Adamou Beido, member, NGO AFRICAIL-NIGER**

TABLE 2.1: CURRENTLY MARRIED GIRLS AGES 15-19 IN WEST AFRICA, 2010

Country	Population ages 15-19 Females	% 15-19 currently married	Absolute numbers
Nigeria	8,606,910	28.7	2,470,183
Niger	833,103	59.1	492,364
Mali	837,123	50.4	421,910
Cote d'Ivoire	1,197,608	24.7	295,810
Chad	625,904	42.0	262,880
Burkinafaso	939,644	23.5	220,816
Guinea	566,165	35.6	201,555
Senegal	713,974	24.3	173,496
Benin	511,967	21.7	111,097
Togo	364,525	21.9	79,831
Sierra Leone	281,786	23.0	64,811
Mauritania	181,767	24.7	44,896
Gambia	103,776	38.8	40,265
Liberia	186,781	19.1	35,675
Guinea Bissau	87,874	21.7	19,069
Ghana	1,219,411	8.3	10,121
Cape Verde	29,791	9.5	2,830
Total			**4,947,609**

Source: www.census.gov, MICS and DHS

> **Box 2.0:**
>
> "Forced and early marriage is an ignored social problem in Niger. We have to study it in order to understand the subject matter and handle it properly so as to eradicate it. We have to embark on creating public awareness for the communities to understand the dangers of early marriage and stop it."
>
> **Zakari Hamadou, ACTREN NGO President, Niamey, Niger**

Senegalese school girls.
Photo credit: Robin Wyatt

Section 3
Trend Analysis of Early Marriage in West Africa (2000-2012)

Introduction

Age at marriage is usually stable over a long period of time. However, when it changes, it is often because of modernization, which tends to prolong the years of schooling, and of urbanization, which shifts women from rural agricultural livelihoods to urban areas.

In sub-Saharan Africa, polygamy is highly prevalent, and this tends to reduce the age at marriage because girls have many opportunities for marriage.[14] In recent years, most countries have seen a rise in the median age at marriage, and scholars have attributed this to more schooling for girls, participation of women in the labor force, increased urbanization rates, and reduction in polygyny. [15]

With this background, this section reviews trends in the age of marriage in West Africa, in order to:

» Establish changes between 2000 and 2011;

» Compare changes so as to group countries into categories of high change, moderate change, little change, no change, and negative change since 2000; and

» Establish correlations between the changes and key economic and social variables.

Data sources

Data for this review come from three sources. First, Demographic and Health Surveys (DHS), nationally representative household surveys involving women of reproductive age (15-49 years). These are collected by ICF Macro International through personal interviews and include questions covering sexual and reproductive health. DHS data are limited to households and do not include people in institutions.

Second, nationally representative household surveys by UNICEF, called Multiple Indicator Cluster Surveys (MICS), provide data on the health status of households, women, and children, using indicators like child protection, nutrition, and child development, among others. Third is a current-status database compiled by the United Nations Department of Economic and Social Affairs, Population Division, 2011, which estimates the age at marriage in a different way than DHS.[16]

The period of analysis was divided into Period/time1 for data collected between 2000 and 2005 and Period/time 2 for data collected between 2006 and 2011.

TABLE 3.0: TRENDS IN AGE AT MARRIAGE FOR WOMEN AGED 25-49 YEARS IN WEST AFRICA, 2000-2011[17]

Country	Age at marriage (Time 1)	Time 1 (2000-2005) Source	Age at marriage (Time 2)	Time 2 (2006-2011) Source	Variance
Benin	18.8	DHS 2001	18.6	DHS 2006[18]	-0.2 years
Burkina Faso	17.7	DHS 2003	17.0	MICS 2006	-0.7 years
Cape Verde	24.6	Census 2000[19]	22.6	DHS 2005	-2.0 years
Cote D'Ivoire	18.7	DHS 1999[1]	19.0	MICS 2006	+0.3 years
Ghana	19.4	DHS 2003	19.8	DHS 2008[1]	+0.4 years
Guinea	16.2	DHS 2005[1]	N/A	-	-
Guinea Bissau	17.0	MICS 2006[20]	N/A	-	-
Liberia	N/A	N/A	18.4	DHS 2007[1]	-
Mali	16.5	DHS 2001	16.6	DHS 2006	+0.1 years
Mauritania	17.1	DHS 2001	17.0	MICS 2007[2]	-0.1 years
Niger	15.1	DHS 1998	15.5	DHS 2006[1]	+0.4 years
Nigeria	16.6	DHS 2003	18.3	DHS 2008[1]	+1.7 years
Senegal	18.3	DHS 2005[1]	19.6	DHS 2010[1]	+1.3 years
Sierra Leone	15.0	MICS 2005	17.0	DHS 2008[1]	+2.0 years
Togo	18.8	DHS 1998	18.0	MICS 2006[2]	-0.8 years

Patterns of age of marriage in West Africa 2000 - 2011

Cape Verde had the highest reported age at first marriage in both periods, although down from 24.6 in 2000 to 22.6 years in 2005. While Niger's median age rose by 0.4 years over the period, it was still the lowest for both periods: 15.1 years in 1998 and 15.5 years in 2006. Ghana and Senegal both began high in 2005 (19.4 and 18.3 years respectively) and went higher by 2011 (to 19.8 and 19.6 years respectively. Similarly, Nigeria's age of marriage went from 16.6 years in 2003 to 18.3 years in 2008.

FIGURE 3.0: TRENDS IN AGE AT MARRIAGE IN WEST AFRICA

Benin, Burkina Faso, Mauritania and Togo all lost ground, albeit less than one year. Sierra Leone saw the greatest increase in age at marriage, two years – from a low of 15 years in 2005 to 17 years in 2007, a significant change in such a short period.

To make sense of these trends, socio-demographic and economic characteristics of each country are critical. This paper will seek correlations with trends in primary and secondary school enrollment rates, women's labor force participation rates and income levels.

Classification of countries by change in age at marriage

Table 3.1 classifies countries according to change in age at marriage between 2000 and 2011. Countries were grouped as high change (one year or more), small change (zero to one year) and negative change. The table shows a general increase in age at marriage, but less than three years.

A detailed analysis of reasons for these trends is beyond the scope of this study, but the next section of this report will explore some of the variables known to influence change in age at marriage.

Findings on changes in age at marriage in the selected countries are consistent with trends in the percent of females age 15-19 who are currently married (Table 3.2).

Sierra Leone, with the greatest rise in marriage age from 2005-2010, also showed the most significant decline (13%) in currently married females age 15-19.

Although Niger, with the lowest median marriage age, did experience a decline in the percent of married females, its percentage of 50.4% was still the region's highest, down from 60.2% in 1998. This is a very small decline for an eight-year period.

TABLE 3.1: CLASSIFICATION OF COUNTRIES

High change (1 year+)		Small change (0.1-0.9 years)		Negative change	
Sierra Leone	2.0	Ghana	0.4	Cape Verde	-2.0
Nigeria	1.7	Niger	0.4	Togo	-0.8
Senegal	1.3	Cote D'Ivoire	0.3	Burkina Faso	-0.7
		Mali	0.1	Benin	-0.2
				Mauritania	-0.1

Source: DHS stat compiler and MICS
Note: Comparable data for the reference period was not available for Guinea Bissau, Guinea, Liberia, & Gambia

FIGURE 3.1: PERCENT OF FEMALES AGES 15-19 WHO ARE CURRENTLY MARRIED, 2000-2011

TABLE 3.2: FEMALES AGED 15-19 CURRENTLY MARRIED

Country	2000-2005	2006-2011	Variance
Benin	23.3 DHS01	21.7 DHS06	1.6
Burkina Faso	31.6 DHS03	23.5 MICS06	8.1
Cote D'Ivoire	23.9 DHS99	24.7	-0.8
Ghana	12.0 DHS03	8.3 DHS08	3.7
Mali	46.0 DHS01	50.4 DHS06	-4.4
Mauritania	24.0 DHS01	24.7 MICS07	-0.7
Niger	60.2 DHS98	59.0 DHS06	1.2
Nigeria	31.7 DHS03	28.7 DHS08	3.0
Senegal	28.5 DHS05	24.3 DHS10	4.2
Sierra Leone	36.0 MICS05	23.0 MICS10	13
Togo	19.1 DHS 98	16.9 MICS2006	2.2

Source: DHS, MICS and UN world marriage data (2008)

FIGURE 3.2: PERCENT MARRIED AND THOSE IN POLYGAMOUS UNIONS AGED 15-19 YEARS

■ % married   ■ % in polygamous unions

TABLE 3.3: TOTAL POPULATION OF CURRENTLY MARRIED WOMEN AGES 15-19 IN 2009

Country	Percent 15-19 currently married	Percent 15-19 in polygamous unions	Total population	Number of currently married
Nigeria	28.7	26.0	162.5	46,637,500
Niger	59.0	18.6	16.1	9,515,100
Mali	50.4	20.0	15.8	7,963,200
Chad	42.0	18.8	11.5	4,830,000
Cote D'Ivoire	24.7	24.0	20.2	4,423,800
Burkina Faso	23.5	34.5	17.0	3,995,000
Senegal	24.3	12.9	12.8	3,110,400
Guinea	35.6	30.0	10.2	3,631,200
Ghana	8.3	6.8	25.0	2,075,000
Benin	21.7	27.1	9.1	1,974,700
Sierra Leone	23.0	24.6	6.0	1,380,000
Togo	16.9	-	6.2	1,047,800
Mauritania	24.7	4.5	3.5	864,500
Liberia	19.1	10.3	4.1	783,100
Gambia	38.8	-	1.8	698,400
Guinea Bissau	21.7	-	1.5	325,500
Cape Verde	9.5	-	0.5	47,500

Note 1: *Data refer to the period 2000-2011 and source was the most recent DHS or MICS survey for each country.

Note 2: "Currently married" refers to those in formal or legal unions and those in consensual unions or who live together as husband and wife even if civil, religious or traditional ceremonies were not performed.

*Data source: United Nations, Department of Economic and Social Affairs, Population Division, World Marriage Data 2008 http://www.un.org/esa/population/publications/WMD2008/Main.html and ICF Macro, DHS surveys conducted between 2000-2010
**Total population in millions 2011 - http://hdr.undp.org/en/reports/global/hdr2011/download/
*** Number of girls age 15-19 who were married by 2011

Table 3.3 shows that the number of married girls is not highest in the countries where the percentage of married girls is highest. The practice of child marriage clearly affects many more girls in Nigeria than in all the other countries put together, making it clear that remedial efforts should be targeted there and other countries with high absolute numbers of girls married at an early age.

Figure 3.2 above shows the percent of married adolescents in West Africa in 2000-2010 compared to those in polygamous unions. Burkina Faso and Guinea together had more than a quarter of the girls ages 15-19 in polygamous unions, 34.5% and 30% respectively. Ghana and Mauritania had the least at 6.8% and 4.5% respectively. No evident relationship exists between the percent married and the percent in polygamous unions; socio-cultural factors explain the difference. Polygamous unions and other outcomes such as maternal mortality ratio do show relationships, but probably indirect ones, as maternal mortality is influenced by many other factors, such as socioeconomic status.

Influence of Change in Socio-economic Factors on age of first marriage

Data from the 16 countries were explored to investigate the relationship between trends in age at marriage and socioeconomic aspects known to be risk factors for early marriage. These were (1) primary and secondary school completion rates of females, (2) urban/rural residence, (3) labor force participation rate, and (4) income level.

The UN 2011 MDG report says being poor, female or living in a fragile (conflict) area increases the probability a child will be out of school. Recent DHS data have shown that child marriage is most common in the world's poorest countries. UNICEF (2005) reported that a girl from the poorest household in Senegal was more than four times as likely to marry before age 18 as a girl in the richest household. By the early 21st century, 80% of the poorest girls in Nigeria married before the age of 18, compared to 22% of the richest girls (UNFPA 2003).

Female Labor Force Participation Rate

Labor force participation rate (LFPR) is defined by the International Labor Organization as the proportion of females aged 15 and older who are economically active during a specified period.

Female LFPRs have been increasing, although at a low rate. This table shows that Togo, Burkina Faso and Gambia had the highest female LFPRs.

The table also reveals a pattern of relationship between age at first marriage and female LFPR in many countries: Mali, Mauritania, and Niger had less than half of females participate in the labor force and also had a low age at first marriage. In some countries, the change in age at marriage has actually been negative or zero.

Not all countries with an increase in LFPR experienced an increase in age at marriage. For example, Sierra Leone, with the highest change in age at marriage, experienced a decrease in female LFPR during this period.

If parents of female children are unemployed, they are usually unable to take care of the family, making children into economic burdens. Children are then more likely to be given in marriage than in families with reliable sources of income. Early marriages are further attractive as the husbands are expected to pay dowry. In Mauritania and Niger, the younger the bride, the higher the dowry paid (Mathur et al. 2003; Ensminger and Knight 1997).

Age at Marriage and Female Schooling

Table 3.5 presents trends in primary school completion rates. It shows that primary school attendance or completion was not necessarily associated with increase in age at marriage. For instance, Nigeria showed a decrease in primary school completion, from 75% to 70% (World Bank 2011), but a rise in age at marriage by 1.7 years.

These findings complement what others have established: decisions about attending school are primarily those of parents, families and communities, not the girls themselves. Marriage or union formation does not precede but rather follows school leaving. It is highly associated with other factors like poor schooling outcomes, poor grades, class repetitions, poor quality of teaching and unsafe school environment.

Nevertheless, other studies suggest that the reproductive health decision-making capacity of young people, including age at marriage, can be strengthened by encouraging completion of secondary school. Goni et al (2012) observed that prevalence of early marriage among women educated only to the primary level is about the same as that of uneducated women.

Figure 3.3 indicates that primary school enrollment increased for most of the selected countries, irrespective of change in age of first marriage. Conventional wisdom holds that the more a girl is educated, the higher her independence and the stronger her negotiation skills,

TABLE 3.4: CHANGES IN FEMALE LABOR FORCE PARTICIPATION AND AGE AT MARRIAGE, WEST AFRICA 2000-2011

Country	Labor force participation rates		Change in LFPR	Change in age at marriage
	2000-2005	2006-2011		
Benin	66	67	1	-0.2
Burkina Faso	77	78	1	-0.7
Cape Verde	48	50	2	-2.0
Cote d'Ivoire	50	52	2	0.3
Gambia	72	72	0	-
Ghana	68	67	1	0.4
Guinea	64	65	1	-
Guinea Bissau	66	68	2	-
Liberia	58	58	0	-
Mali	36	37	1	0.1
Mauritania	26	28	2	-0.1
Niger	39	40	1	0.4
Nigeria	48	48	0	1.7
Senegal	65	66	1	1.3
Sierra Leone	67	66	-1	2.0
Togo	80	80	0	-0.8

Source: World Bank (2011)

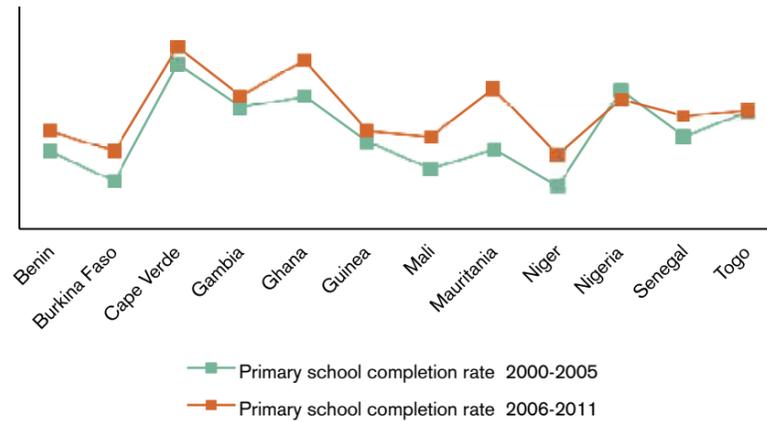**Note:** - data not available

TABLE 3.5: TRENDS IN FEMALE PRIMARY SCHOOL COMPLETION RATES AND AGE AT MARRIAGE, 2000-2011

Country	Primary school completion rate		Change in percent	Change in age at marriage
	2000-2005	2006-2011		
Benin	42	53	11	-0.2years
Burkina Faso	26	42	16	-0.7 years
Cape Verde	89	98	9	-2.0 years
Cote d'Ivoire	-	52		0.3 years
Gambia	66	72	6	-
Ghana	72	91	19	0.4 years
Guinea	47	53	6	-
Guinea Bissau	-	60		-
Liberia	-	57		-
Mali	33	50	17	0.1 years
Mauritania	43	76	33	-0.1 years
Niger	23	40	17	0.4 years
Nigeria	75	70	-5	1.7 years
Senegal	50	61	11	1.3 years
Sierra Leone	-	71		2.0 years
Togo	63	64	1	-0.8 years

Note: - data not available.

Source: UN Human Development Report, 2011

FIGURE 3.3: TRENDS IN FEMALE PRIMARY SCHOOL COMPLETION RATES (PERCENT) IN SELECTED COUNTRIES OF WEST AFRICA, 2000-2011

Primary school completion rate 2000-2005
Primary school completion rate 2006-2011

TABLE 3.6: PERCENT OF POPULATION LIVING IN URBAN AREAS 2000-2011

Country	Percent of urban population		Change in percent urban	Change in age at marriage
	2000-2005	2006-2011		
Benin	40	42	2	-0.2
Burkina Faso	18	20	2	-0.7
Cape Verde	57	61	4	-2.0
Cote d'Ivoire	47	50	3	0.3
Gambia	54	58	4	-
Ghana	48	52	4	0.4
Guinea	33	35	2	-
Guinea Bissau	30	30	0	-
Liberia	58	62	4	-
Mali	31	33	2	0.1
Mauritania	40	41	1	-0.1
Niger	16	17	1	0.4
Nigeria	46	50	4	1.7
Senegal	42	43	1	1.3
Sierra Leone	37	38	1	2.0
Togo	40	43	3	-0.8

Source: UN Human Development Report, 2011

and therefore her ability to choose her own partner (Lloyd and Mensch 1999; NRC/IOM 2005).

Urban Population in West Africa 2000-2011

Studies have shown a positive relationship between urban residence and age at marriage (see Westoff 2003). Females in urban areas are more likely to go to school, be informed and have more access to information on child marriage than their rural counterparts.

Table 3.6 shows trends of urban population in West Africa between 2000 and 2011. The percent of urbanized population has risen overall for the last decade, with the greatest change in the Gambia, Cape Verde, Ghana, Nigeria, and Liberia. However, only six of the 16 countries are more than half urbanized. Very low urbanization rates are consistently related to high rates of child marriage, such as in Burkina Faso, only 20% urbanized, and Niger, at 17%.

UNICEF (2012) estimates that 70% of the world population will live in urban areas by 2050. However, this may not necessarily influence age at marriage, as most children in urban areas live in slums, and poverty, as we have seen, is the leading risk factor for early marriage.

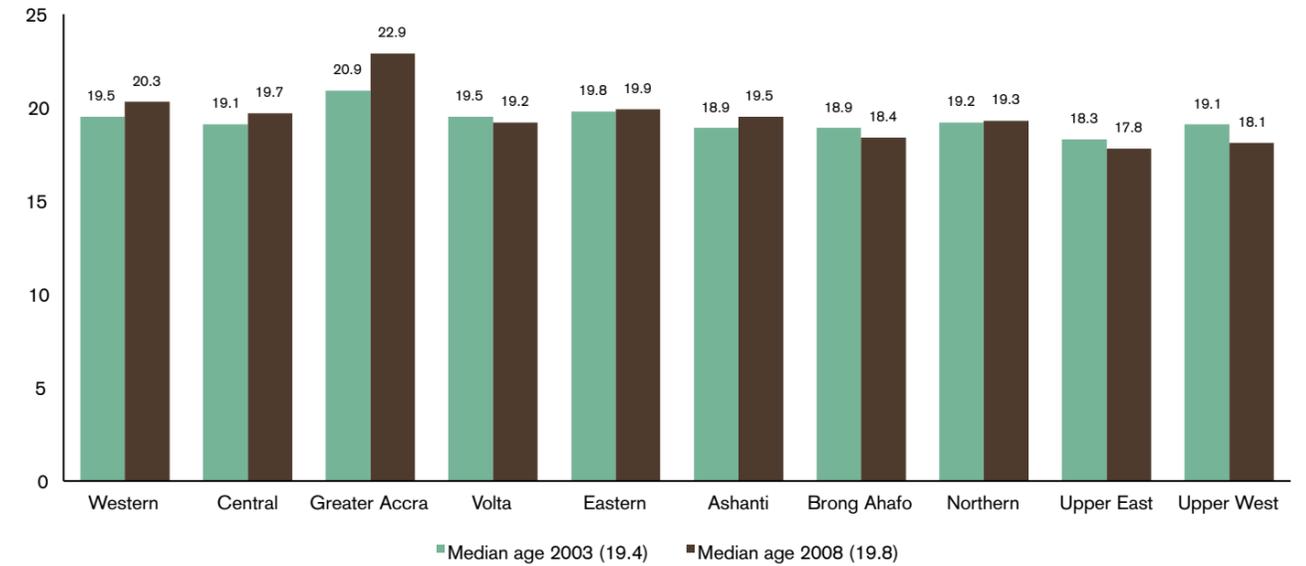## Regional Differentials within Selected Countries

National averages often obscure major differences among internal regions. The figures below explore regional distinctions where data was available.

FIGURE 3.4: REGIONAL VARIATIONS IN AGE AT MARRIAGE, GHANA
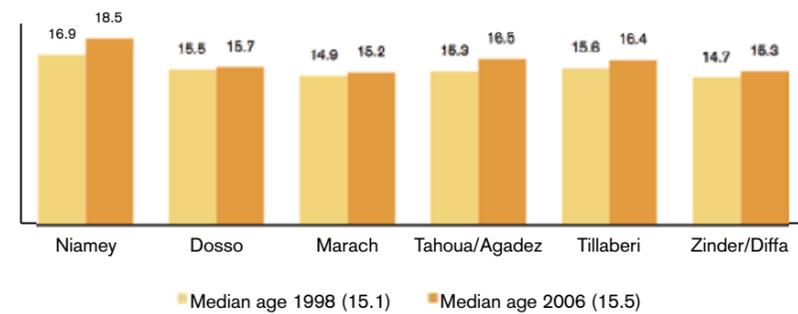

Median age 2003 (19.4)   Median age 2008 (19.8)

Ghana

Most regions in Ghana showed reported age at marriage in 2003 at rates similar to the country's national average (19.4). In 2008, the Greater Accra (22.9), Western (20.3) and Eastern regions (19.9) had higher median age at marriage than the national average of 19.8.

Ghana ranks among medium-income countries, according in the 2011 UN Human Development Index, with a GNI per capita of US$1,584. High female schooling levels, female labor force participation and urban population also help explain the high age at marriage. Although the change in age at marriage has not been very large, steady improvement in other indicators makes Ghana a model country for lowering the prevalence of child marriage.

FIGURE 3.5: REGIONAL VARIATIONS IN AGE AT MARRIAGE, NIGER

■ Median age 1998 (15.1) ■ Median age 2006 (15.5)

Niger

In Niger, children as young as 10 in some regions are already married; after age 25 only a handful are still unmarried. Niger accounts for the area's highest total fertility rate among women ages 15-49 years: 6.9 children. Political instability in this largely desert country fuels poverty and extreme vulnerability, putting girls and children at risk of child marriage. Figure 3.5 shows Niger's capital Niamey with the highest age at marriage, while the median ranges as low as 14.7 years in the Zinder/Diffa region.

Poverty is a major fueling factor: Niger is ranked 186th out of 187 countries on the UNDP Human

Development Index of 2011, with a GNI per capita of US$370. Niger has the world's fastest-growing population at 3.3% per year, along with a high dependency ratio: 47% of the population is under 15.

According to an IRIN news report in 2009, the remote and impoverished Agadez region is characterized by Tuareg parents who sell their daughters to rich men in neighboring countries such as Nigeria. The minimum legal age at marriage for girls is 15, but children as young as 12 are often married off, which helps account for the high fertility rate of 6.9 children per woman (UN, 2011).

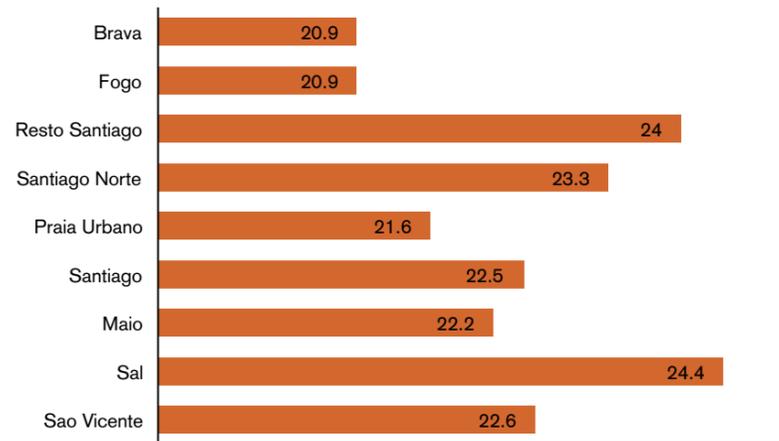**FIGURE 3.6:** REGIONAL VARIATIONS IN AGE OF FIRST MARRIAGE- MALI

■ Median age 2001 (16.6) ■ Median age 2006 (16.5)

Source: MDHS 2001 and MDHS 2006

Mali

Regions within Mali show no significant variation with the national median age of marriage in both comparative years. Bamako, the capital, has the highest level at 18.9 (Mali DHS 2006) along with higher urbanization, schooling, and LFPRs of females compared to other regions. Age at marriage in the other regions ranges from 15.4 years in Kayes to 17.8 in Segou in 2001; but even after five years there were no major increases in age at marriage.

FIGURE 3.7: REGIONAL VARIATIONS IN MEDIAN AGE OF FIRST MARRIAGE IN CAPE VERDE

Region	Value
Brava	20.9
Fogo	20.9
Resto Santiago	24
Santiago Norte	23.3
Praia Urbano	21.6
Santiago	22.5
Maio	22.2
Sal	24.4
Sao Vicente	22.6

Source: DHS 2005

Cape Verde

Largely comprised of islands, Cape Verde stands highest among West African countries on the 2011 Human Development Index report and is one of the region's only two Middle Income Countries (MIC), along with Ghana. Its per capita GNI is US$3,270 and it is the only country in West Africa that is likely to achieve all the Millennium Development Goals by 2015 (African Economic Outlook, 2011). Its challenges include high youth unemployment, poverty and high teenage pregnancy rates.

Although Cape Verde had the region's highest female age at marriage at 22.6years in 2008, this was down from 24.6 years in 2000, which is a cause of concern (see Figure 1). A booming tourism industry over the last 10 years has led to increases in commercial sex and illicit drug use, which both affect teens. Patriarchal tendencies continue to prevail, along with violence against women and harmful traditional practices including early marriage. (Rights and civil liberties report, 2012). Age at marriage varies from 20.9 years in Brava to 24.4 years on the island of Sal.

Explaining the Patterns

The foregoing analysis shows that age at marriage has been relatively low in West Africa but is steadily increasing, albeit by no more than three years for any of the countries. While some countries for which comparable data was available have experienced a small increase in age at marriage between 2000 and 2011, others have seen a decline: Benin, Togo, Mauritania, Cape Verde, and Burkina Faso.

Change in age at first marriage is influenced by socioeconomic factors like secondary school education, literacy levels, LFPRs of females and urbanization. The relationships among the variables and changes in age at marriage are complex. High age at marriage is associated with some of the variables but not all. Urbanization in particular is a complex factor. While higher population levels seem beneficial on average, some slum areas have poorer socio-demographic indicators than rural ones (UNICEF 2012). Studies comparing urban non-slum areas and slum areas are lacking.

Income significantly influences age at first marriage. Countries with higher per capita income also generally had higher ages at marriage: Cape Verde, with the highest GNI, saw a reduction of 2.0 years over the period, but still had the highest age at first marriage in both years: 24.6 and 22.6. It also had the region's highest adult literacy (84.8%) and secondary school enrollment (81.5%) rates, and the lowest maternal mortality ratio (94 deaths per 100,000 live births). In turn, Sierra Leone experienced the highest increase in age at marriage, 2.0 years, one of the highest maternal mortality rates in the region at 970 deaths per 100,000 live births and a low female secondary school enrollment, only 26%. Clearly, risk factors cannot be studied in isolation.

Photo taken by field researchers 2012

Photo Credit: dRPC, Kano

Most of the West African countries with high child marriage rates are also among the countries with the world's highest rates of maternal mortality and adolescent births, and the lowest contraceptive prevalence rates.

FIGURE 4.0: CHILD BRIDES IN SOUTH ASIA AND SUB-SAHARAN AFRICA

Source: Feb 28th 2011, 14:09 by The Economist online

Section 4
Trends in Early Marriage in West Africa: A Comparison With Hotspots in Africa and South Asia

Introduction

UNFPA 2012 notes that one of every nine girls in the developing world (excluding China) was married before age 15. Most were poor, less educated, rural dwellers. UN agencies argue that if nothing is done, child brides will increase and undermine development in health and education. Six million of the world's child brides live in West Africa. Other countries have higher percentages than the African nations, but in absolute numbers, Nigeria and India surpass the rest.

Figures 4.0 and 4.1 show wide disparities in child marriages across and within different world regions.
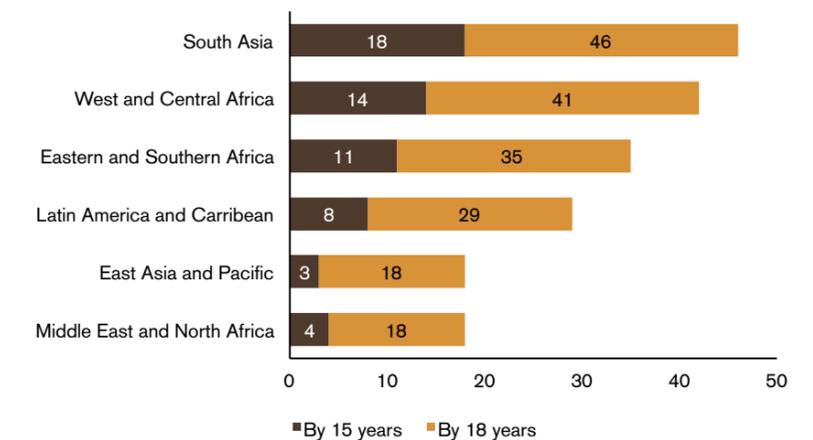
Figure 4.2 presents a pattern of very early marriages in West and Central Africa, where a relatively large percentage of women 20-24 report marriage before the age of 15. In Niger, girls among the Tuaregs in the Agadez region are betrothed as early as five years of age, and many girls as young as12 are already married (IRIN, 2009).

Most of the West African countries with high child marriage rates are also among the countries with the world's highest rates of maternal mortality and adolescent births, and the lowest contraceptive prevalence rates.

According to UNFPA 2007, girls who give birth before the age of 15 are five times more likely to die during pregnancy or delivery compared to women aged 20 and above, while older adolescents are twice as likely to die under similar circumstances. As about 80% of births to adolescents in sub-Saharan Africa occur within marriage, married girls are more vulnerable than their counterparts to multiple reproductive health problems.
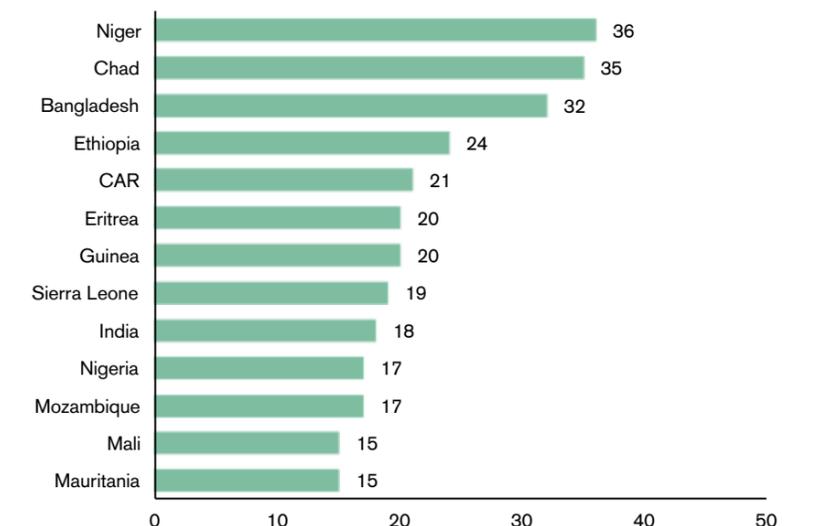
Evidence exists that early marriage trends are beginning to decline in many parts of the developing world, although slowly. Countries that have invested in programs to reduce early marriage have begun to show results, and many of these programs can be replicated elsewhere.

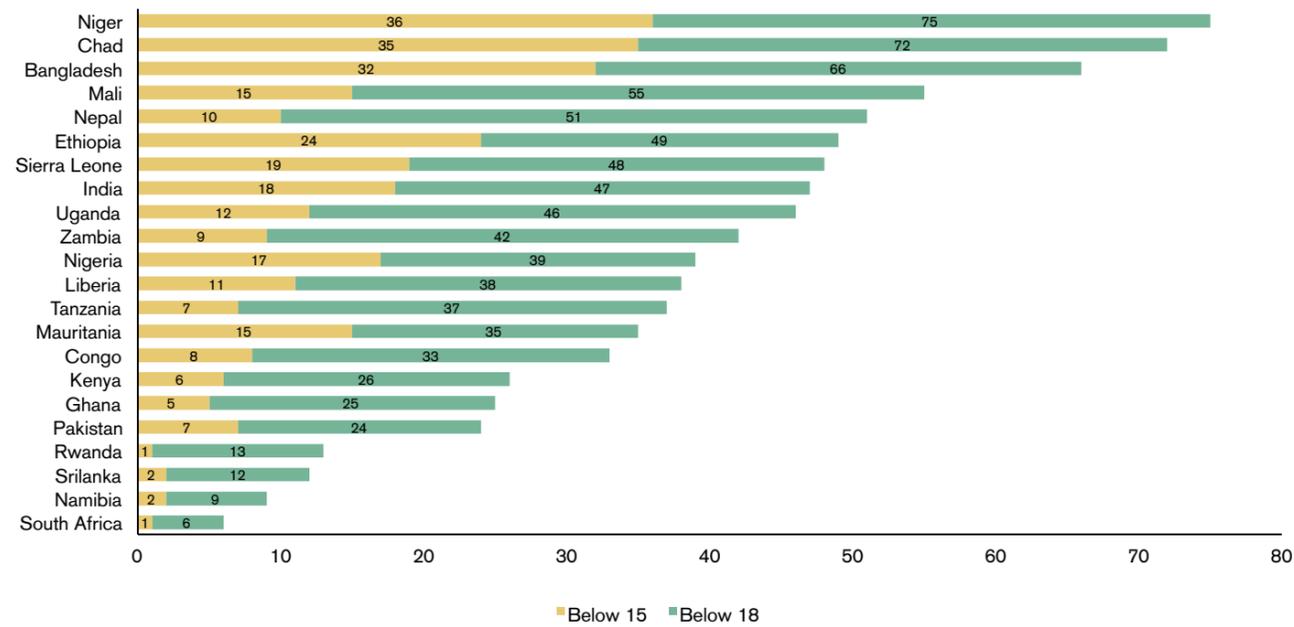**FIGURE 4.1:** REGIONAL VARIATIONS IN % OF WOMEN AGED 20-24 WHO WERE MARRIED

By 15 years | By 18 years

Source: UNICEF SOWC 2012

FIGURE 4.2: % OF WOMEN AGED 20-24 WHO WERE FIRST MARRIED OR IN UNION BY AGE 15

Source: UNICEF 2012

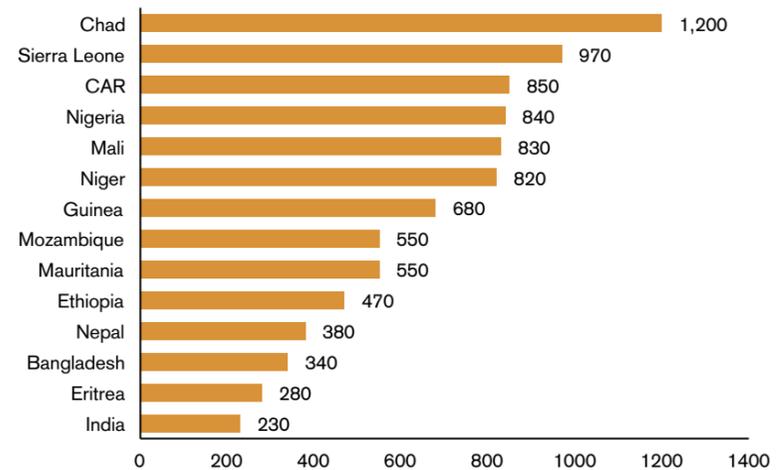**FIGURE 4.3:** % OF WOMEN 20-24 WHO WERE FIRST MARRIED OR IN UNION BY AGE

Country	Below 15	Below 18
Niger	36	75
Chad	35	72
Bangladesh	32	66
Mali	15	55
Nepal	10	51
Ethiopia	24	49
Sierra Leone	19	48
India	18	47
Uganda	12	46
Zambia	9	42
Nigeria	17	39
Liberia	11	38
Tanzania	7	37
Mauritania	15	35
Congo	8	33
Kenya	6	26
Ghana	5	25
Pakistan	7	24
Rwanda	1	13
Srilanka	2	12
Namibia	2	9
South Africa	1	6

■ Below 15   ■ Below 18

TABLE 4.0: REGIONAL DECLINES IN RATES OF EARLY MARRIAGES, 2012

Region	Countries with declining rates of early marriage
Sub-Saharan Africa	Cameroon, Congo, Ethiopia, Lesotho, Liberia, Rwanda, Uganda, Sierra Leone, Togo, Tanzania, and Zimbabwe
South Asia	Bangladesh and Nepal
East Asia and Pacific	Indonesia and Philipines
Latin America and Carribean	Bolivia and Guyana

Source: UNFPA, 2012

FIGURE 4.4: MATERNAL MORTALITY RATES IN SELECTED COUNTRIES WITH THE HIGHEST CHILD MARRIAGE RATES

Country	Value
Chad	1,200
Sierra Leone	970
CAR	850
Nigeria	840
Mali	830
Niger	820
Guinea	680
Mozambique	550
Mauritania	550
Ethiopia	470
Nepal	380
Bangladesh	340
Eritrea	280
India	230

Source: HDR 2011

Table 4.0 shows countries that have witnessed a significant decline in early marriage. Figure 4.6 shows high adolescent fertility rates in hotspot countries, especially Niger, Mali and Chad.

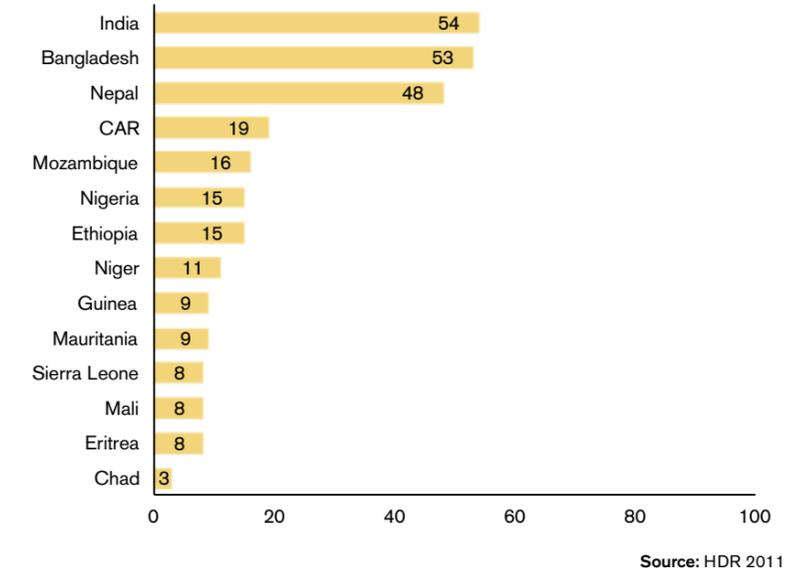## Mitigating the Harmful Impacts of Early Marriage

Married adolescents have unique characteristics that define their vulnerability. They must be targeted specifically by programs with measurable indicators and goals that give priority to their particular needs.

For example, programs in India, Bangladesh, Nepal and Ethiopia support married adolescents with services for newly married young couples, first-time mothers, and girls pregnant for the first time. They provide antenatal and post-natal care and outreach for girls in hard-to-reach areas and ensure access to skilled delivery and family planning services. Some also offer peer support and empowerment in development of life skills and livelihood or vocational skills. Results include lower early marriage rates, an increase in contraceptive prevalence and reductions in maternal mortality and adolescent fertility rates. (Population Reference Bureau, 2011).

Ethiopia, Bangladesh and India have lowered adolescent birth rates with heavy investment in programs to support young married adolescents and young people. Population growth has slowed accordingly, to an annual average of 1.6% in Bangladesh and 2.3% in Pakistan and Saudi Arabia during 2000-09. In West Africa, meanwhile, the rate for the same period was markedly higher: 2.4% in Nigeria, 3.6% in Niger and 3.3% in Sierra Leone, Benin and Burkina Faso (World Development Report 2011).
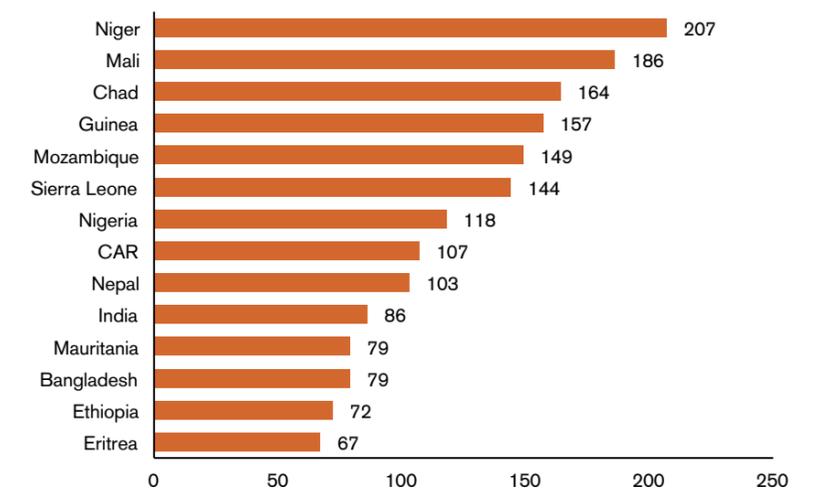
Married adolescents have unique characteristics that define their vulnerability. They must be targeted specifically by programs with measurable indicators and goals that give priority to their particular needs.

FIGURE 4.5: CONTRACEPTIVE PREVALENCE IN SOME COUNTRIES WITH HIGH CHILD MARRIAGE RATES

Country	Value
India	54
Bangladesh	53
Nepal	48
CAR	19
Mozambique	16
Nigeria	15
Ethiopia	15
Niger	11
Guinea	9
Mauritania	9
Sierra Leone	8
Mali	8
Eritrea	8
Chad	3

Source: HDR 2011

FIGURE 4.6: ADOLESCENT FERTILITY RATES IN SELECTED COUNTRIES WITH HIGH CHILD MARRIAGE RATES

Country	Value
Niger	207
Mali	186
Chad	164
Guinea	157
Mozambique	149
Sierra Leone	144
Nigeria	118
CAR	107
Nepal	103
India	86
Mauritania	79
Bangladesh	79
Ethiopia	72
Eritrea	67

Source: HDR 2011

Photo of Federation of Muslim Women Organization of Nigeria member giving a health talk to women in State Mass Marriage program, 2012

Photo credit: Ms. Aisha V. Hashim

The categories of interventions included: education; advocacy and community mobilization; adolescent empowerment; economic strengthening; research; child protection and legal approaches; adolescent reproductive health education and services; and fistula services.

Section 5
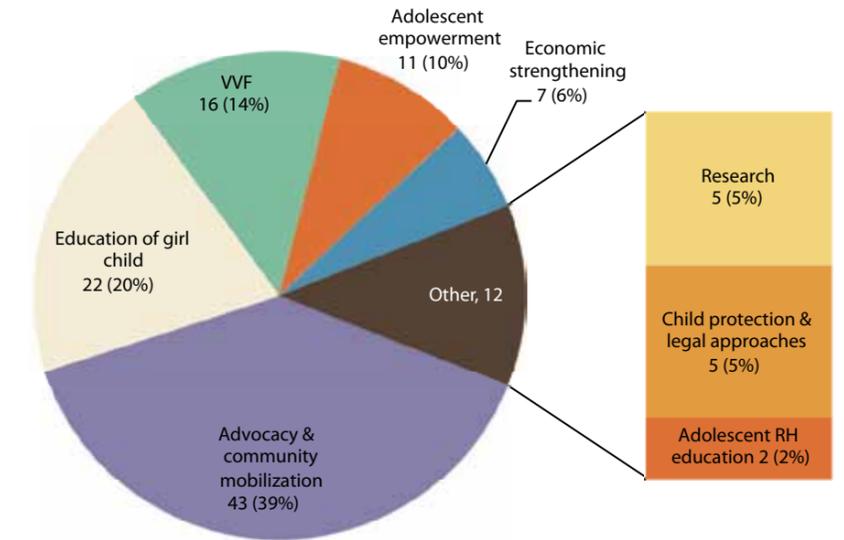# Interventions to End Early Marriage in West Africa

Introduction

Our scan of the 17 West African countries identified 111 interventions that could potentially reduce the age of marriage. Only 10 programs addressed early marriage as their stated objective; the rest either did not target early marriage directly but had significant early marriage outcomes, or their activities and strategies addressed early marriage in a secondary manner.

The categories of interventions included: education; advocacy and community mobilization; adolescent empowerment; economic strengthening; research; child protection and legal approaches; adolescent reproductive health education and services; and fistula services.

Figure 5.0 shows the different strategies used, classifed under eight categories according to the main strategy, although most programs involved more than one in an integrated approach. Of the total of 111 interventions, 43 or 39% used advocacy and community mobilization as the main strategy, the most dominant. Girls' education was second at 22 programs or 20%, followed by fistula interventions, 16 in total. Adolescent empowerment, used by 11 interventions, and economic strengthening, usedby seven programs, completed the list of most dominant programs in West Africa. Other strategies included research on early marriage (5), child protection and legal approaches (5) and adolescent reproductive health and education (2). The strategies are detailed below.

1. **Advocacy and social mobilization campaigns** included community sensitization efforts about the importance of delaying marriage or education of the girl child. Most programs used this as a major strategy or as the key strategy in an integrated approach. Methods included:

    a. **Public declarations:** Tostan community and religious leaders in Senegal declared publicly their abandonment of harmful traditional practices before thousands of residents of communities, and the communities rallied behind them and affirmed the declarations.

FIGURE 5.0: STRATEGIES USED

b. **Sporting events:** The Sports Development project in Cote d'Ivoire used team activities to raise awareness of child protection from violence. The Girls Football project in Ghana used the appeal of sport to re-enroll in school girls who had dropped out and were at risk of marriage.

c. **Community education and literacy programs:** Tostan educated communities on financial literacy, use of mobile phones to improve basic literacy, hygiene, women's health and child development, creating girls' capacity to advocate for their own development.

d. **Media advocacy:** Some programs involved journalists or trained children to produce films/videos/radio programs that would trigger community discussion and mobilize action.

    i. **Pikin Dem Voice in Sierra Leone** is a Plan Sierra Leone radio program where children broadcast weekly programs on issues like

early marriage and education of the girl child to stir debate among listeners.

ii. **FORWARD radio programs** like "Tsarabar Mata" in Nigeria include discussions on reproductive health issues like fistula and early marriage.

iii. **Projet Video Sabou et Naf** in Guinea trains children in active video teams to shoot videos on harmful traditional practices, promoting community-based communication.

iv. **Girls Making Media** in Guinea Bissau has girls write articles on FGM, early marriage and other issues affecting children for daily newspaper publication. Girls are taught how to conduct interviews and broadcast radio shows, with a focus on issues affecting girl children, such as early marriage.

2. **Education of the girl child:** In our analysis, 22 programs used education of the girl child as a major strategy to curb early marriage. Almost all offered scholarships and reimbursements to girls to help them remain in school. (Nguyen *et al*, 2012). Few programs used this strategy as a primary way to delay child marriage, which was only an incidental outcome. Most aimed to increase girls' enrollment or encourage transition to secondary school, and most used these methods:

a. **Scholarships or reimbursements for girls** to retain them in school by paying school fees and encourage transition to higher levels. The Ambassadors Girls Scholarship Program runs in 13 countries in West Africa; the African Girls Education Initiative operates in Guinea, along with the Batonga Girls Education program.

b. **Creating safe spaces for girls in schools** so that they can avoid violence in and on the way to school.

3. **Economic strengthening of households and girls:** Seven programs worked to strengthen the financial position of girls or their families or households to address poverty as a cause and consequence of early marriage. Methods used included:

a. **Conditional cash transfers** on the condition that girls remain in school or register births so they can be protected from early marriage. These programs were few although their outcome seemed great. However, most had not

been evaluated for formal evidence of their impact.

b. **Savings and loan schemes** that gave families small loans to start businesses as a source of income. A culture of saving was also encouraged to help families deal with poverty.

4. **Adolescent empowerment programs:** Eleven programs used this strategy on the theory that strengthening the position of the girls themselves would be effective in reducing their vulnerability. The programs aimed to give them marketable skills.

5. **Adolescent reproductive health programs:** Only two programs used this as their main strategy, though more used it among other strategies.

6. **Research into early marriage, maternal health issues:** Five programs were mainly research projects, mostly focused on reproductive health issues, especially maternal health.

7. **Vesico-vaginal fistula interventions:** Sixteen programs (15%) were fistula interventions, six of them in northern Nigeria, which has the region's largest number of VVF patients. An estimated 400,000 to 800,000 of the world's estimated 2 million fistula sufferers live in Nigeria, most of them young girls. Most VVF interventions focus on surgical repairs though many also have prevention programs such as community sensitization and reintegration. A few offer economic support to women who have been repaired to ease reintegration into the community.

8. **Child rights and legal approaches:** Only five programs (5%) used this strategy, three of them in British West Africa (Ghana and Liberia) and two in French West Africa (Chad and Benin). All also used advocacy and community mobilization to educate communities and advocate for the rights of children, mainly offering child protection. None had been evaluated at the time of the scan.

Numbers of Early Marriage Programs by Country

Nigeria had more programs than any other country in West Africa (25), almost all concentrated in the northern region. Eight offered scholarships or conditional cash transfers aimed at increasing girls' school enrollment and retention. Six programs were fistula interventions that offered surgical treatment and repair as well as reintegration into society. A few

combined this with economic empowerment, using community mobilization as one of the strategies.

Liberia had the second highest number of programs with 18, of which six used advocacy and community mobilization. Five were education programs, three were adolescent empowerment, two were fistula interventions and two used child rights and legal strategies. Many had a very strong component of community mobilization, adolescent empowerment and addressing gender-based violence.

Ghana had 15 programs, four of which addressed early marriage through education initiatives and four through community mobilization. The rest were fistula interventions, adolescent empowerment and child rights and legal interventions. All used community mobilization and advocacy strategy with a strong component of empowering girls/women by offering life skills training and protection from violence.

Burkina Faso had 13 programs that addresed early marriage. Five were advoocacy and community mobilization programs, four usededucation initiatives; two were research programs and the other two were adolescent empowerment programs. Many had strong adolescent empowerment, adolescent reproductive health and economic strengthening components.

Guinea Bissau and Cote d'Ivoire had the fewest number of programs addressing early marriage, four in each. All used education and community mobilization strategies.

Some programs covered more than one country. Most of these, as shown above, were education programs. A community mobilization and education program in Senegal was so successful that Tostan replicated it in Mali, Gambia, Mauritania and Burkina Faso.

Most programs that spanned multiple countries were foreign initiatives rather than locally based. One exception was Batonga Girls Education, an initiative in Mali and Benin started by a local musician, Angelique Kidjo.

Intervention Objectives

Figure 5.3 below shows that only 10 of the 111 programs, or 9%, had reducing early marriage as a main or primary objective, with indicators related to child marriage that were tracked and evaluated. Two were research programs, two provided services to married adolescents, five were community mobilization and advocacy programs and one provided education to the girl child.
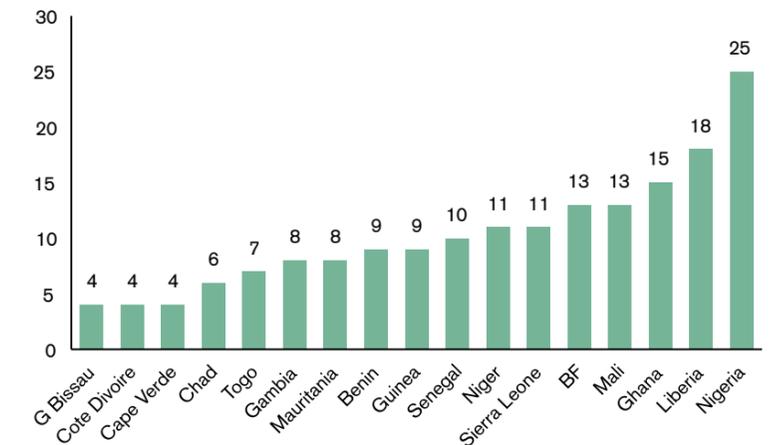
FIGURE 5.1: NUMBER OF PROGRAMS BY COUNTRY

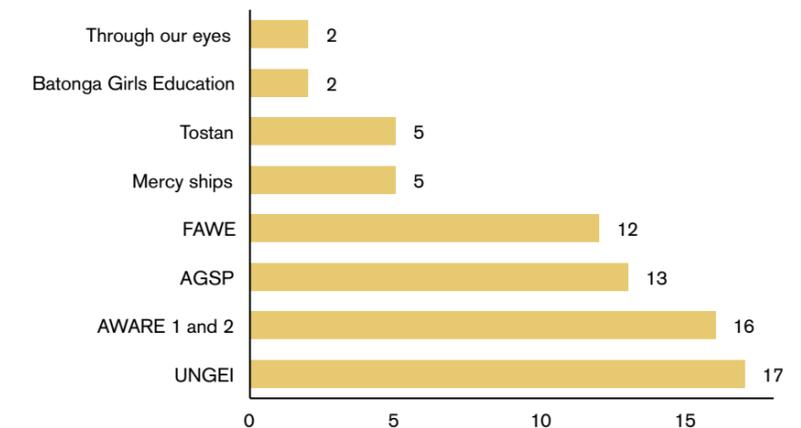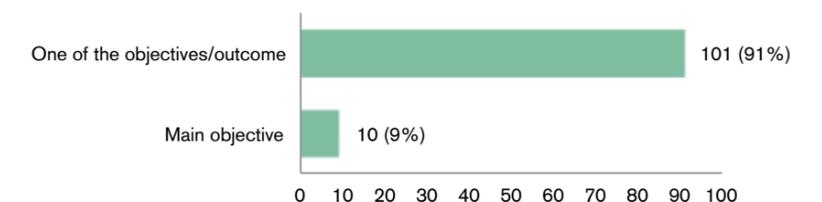**FIGURE 5.2:** PROGRAMS THAT COVERED MULTIPLE COUNTRIES

FIGURE 5.3: REDUCTION OF CHILD MARRIAGES AS AN OBJECTIVE OF THE PROGRAMS
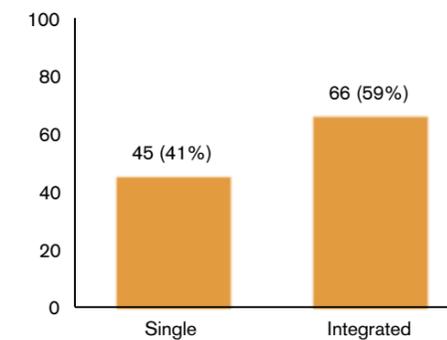
The rest of the programs (91%) were not directly aimed at addressing early marriage, although the issues addressed had a direct impact on early marriage. These included education programs to retain and enroll girls in school, reproductive health education programs that helped girls build self esteem and created support systems for them, programs that addressed gender-based violence, research into maternal health, fistula interventions, and child protection and legal approaches. All these programs may not have tracked indicators for early marriage reduction, but when scaled up or replicated could have significant impact on the problem.

Programs with an Objective of Eliminating Child Marriages

1. **Elimination of Child Marriages in Burkina Faso: A Plan for Protection, Empowerment and Community Action**
This project was funded by the UN Fund for Human Security and implemented by UNICEF and UNFPA in five regions of Burkina Faso from 2008 to 2011. The main goal was to increase the human security of adolescent girls who were married or at risk of early marriage. It used an integrated multi-sectoral approach, improving girls' education, health and social status by engaging local community leaders to mobilize social and political will to enforce laws respecting women's rights. Economic strengthening, adolescent empowerment and reproductive health education were other approaches used. Some of the indicators tracked by the project were the number of girls at risk of getting married who were supported and the number of young married women who were supported.

2. **Gender-based Violence Program in Mali**
Funded by Norwegian Church Aid and NORAD, the project worked with three local partners to eliminate FGM and early marriage in Gao, Mopti, Segou and Bamako. It informed influential people such as parents, community and religious leaders; advocated social rejection of harmful practices; and developed national legal frameworks in line with international conventions. Evaluated in 2010, the project's main indicator was the perceptions and attitudes of people toward early marriage.

3. **Study on Early Marriage, Reproductive Health and Human Rights in Mali**
This research project was implemented by Norwegian Church Aid with local partners in the Timbuktu region of Mali. The main objective was

to spotlight actions that promote the rights of girls and women; to assess the practice of early marriage and to clarify the relationship between early marriage and other reproductive health issues and their consequences.

4. **Tostan in Senegal**
Through community empowerment, Tostan's main objective was to eliminate traditional harmful practices of FGM and early marriage. The primary indicator was the number of communities making public declarations against early marriage.

5. **Through Our Eyes project in Liberia and Guinea**
The project used community participatory videos aimed at stirring change. The indicator was the number of videos produced that addressed early marriage.

6. **Girls to School Program in Mauritania**
Implemented by ANFE, the program's main objective was to provide educational opportunities to girls to protect them from early marriage.

7. **Married Adolescents Program in Northern Nigeria**
Funded by USAID and implemented by Population Council through partners including AHIP, Islamic Education Trust and FOMWAN, the project sought to promote safe and healthy transition to adulthood through prevention of HIV/AIDS among young married girls in eight states in northern Nigeria, promoting community dialogue on issues of child marriage. It also provided youth-friendly sexual and reproductive health services like family planning to married adolescents. The number of married adolescents receiving services from the project was the indicator against which success was measured.

8. **Mères-Educatrices Project, Burkina Faso**
The project's main objective was to provide health and social support to young married adolescents and to sensitize health workers and communities about the vulnerability of young married girls, to discourage parents from giving away their daughters in marriage.

9. **Addressing Child Marriage program, northern Nigeria**
The main objective of the research project by Population Council and AHIP was to assess the extent of the problem of early marriage in northern Nigeria and to serve as a basis for designing interventions aimed at delaying age at marriage.

10. **Early marriage of Girls Project in Niger**
Supported by UNICEF and the Australian government, the project sought to increase the average age of marriage for girls and to increase their opportunities for schooling through community mobilization and engaging with traditional leaders on the consequences of early marriage.

FIGURE 5.4: INTEGRATED VS SINGLE STRATEGY INTERVENTIONS

Integrated versus Single Strategy Interventions

Of the 111 programs, 45 or 41% used a single strategy, 27 of them advocacy and community mobilization. The rest were mainly fistula interventions that offered surgery for the victims, or research programs and adolescent empowerment.
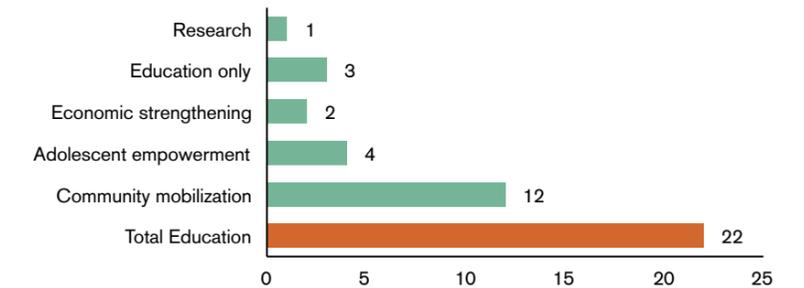
Integrated interventions

Sixty-six (59%) of the programs used a multiple/integrated strategy of more than one approach; 50 (76%) of these used advocacy and community mobilization as either the main intervention or one of them.

EDUCATION PROGRAMS

Of the 22 education programs, 13 were integrated with community mobilization, four with adolescent empowerment and two with economic strengthening of households. Three were education-only programs, and one included research.

Education programs that integrated community mobilization assumed that awareness of education's benefits would stir an increase in girls' school enrollment. Those that included adolescent empowerment and adolescent reproductive health factored in support systems for girls in schools,

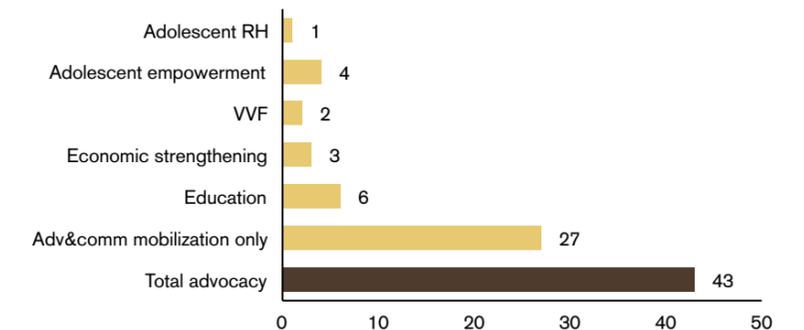**FIGURE 5.5:** EDUCATION INTERVENTIONS AND INTEGRATION POINTS

mentoring, use of role models and school clubs where girls were taught about sexual and reproductive health issues. For instance, most FAWE education programs had an element of sexual and reproductive health education and formation of school clubs. The Batonga girls' education program also offered sanitary equipment and facilities to girls in schools; the Ambassadors Girls Scholarship Program (AGSP) had a mentoring element.

Some programs promoted girls enrollment and retention in school although their main strategy was community mobilization. Community Action for Girls Education (CAGE) in Benin verified that well-stimulated community participation could lead to better results in promotion of girls' education.[21]

ADVOCACY AND COMMUNITY MOBILIZATION PROGRAMS

Of the 43 advocacy and community mobilization programs, 27 used it as the sole strategy while six integrated it with education of the girl child. Four programs included adolescent empowerment and three integrated it with economic strengthening of households; two used fistula interventions and one integrated adolescent reproductive health.

FIGURE 5.6: COMMUNITY MOBILIZATION & ADVOCACY PROGRAMS AND INTEGRATION POINTS

Many programs that used only advocacy and community mobilization were media-related. Examples include Girls Making Media in Guinea Bissau, Through Our Eyes in Liberia, Pikin Dem Voice in Sierra Leone, Projet Video Sabou et Naf in Guinea and various other programs that used videos and films to arouse community discussions.

FISTULA INTERVENTIONS

Of the 16 fistula interventions, 10 integrated this approach with community mobilization, reintegration and economic strengthening. The others were mainly hospitals that only offered surgery.

FIGURE 5.7: VVF INTERVENTIONS AND INTEGRATION POINTS

Interventions By Country Groupings

Interventions in English-speaking Countries

In the English-speaking countries (Gambia, Ghana, Sierra Leone, Nigeria and Liberia), 28 of the 80 interventions used advocacy and social mobilization, 23 were education of the girl child, 11 used fistula interventions, eight embraced adolescents' empowerment, five were about household economic strengthening, three focused on child rights and two on research. Nigeria had the highest number of interventions at 28, followed by Liberia and Ghana. Gambia had the fewest interventions with nine.

Apart from Population Council and FORWARD, which have done extensive research in reproductive health, no other major research studies were identified in British West Africa in areas that affect early marriage.

French-speaking West Africa

Among the 12 French-speaking countries in West Africa, a total of 92 interventions were identified, the majority being advocacy and community mobilization.

Burkina Faso had the most with 13 interventions; Guinea Bissau had the least with four. The most dominant was advocacy and community mobilization, followed by education for the girl child, while the least prevalent were economic strengthening and child rights. Most involved advocacy campaigns to mobilize communities to act against early marriage and FGM, a very common harmful traditional practice in the region.

Nigeria and Niger

Niger and northern Nigeria are similar in culture and religion, important drivers of early marriage, so we attempted to find similarities in interventions in the two countries. Our hypothesis proved incorrect. We found that education was the most dominant intervention in Northern Nigeria, at nine major education programs, while Niger favored advocacy and community mobilization, also with nine programs. The only similarity was that education programs in Northern Nigeria had a strong component of community mobilization because of the need to raise awareness about the importance of educating the girl child in relation to delaying early marriage.

Sierra Leone and Liberia

On a similar note, Liberia and Sierra Leone are both recovering from war and therefore were considered more likely to have similar influences on early marriage. We found that domestic violence was a common challenge and was among the most dominant issues tackled.

The two countries had similar interventions. Advocacy and community mobilization was dominant with six programs in each country. All had an element of eliminating gender-based violence through advocacy and creation of social safety nets, especially for girls married off during the war and now without families. Other girls who wanted to get away from abusive marriages were supported by programs like Caritas Makeni's The Girls Left Behind project.

Senegal and Ghana

These two countries have both made significant strides toward increasing the median age at marriage. Dynamics are different, however: Senegal is a French-speaking country that is mainly Muslim, while Ghana is English-speaking and mainly Christian, with only a small population of Muslims, especially in the north.

Senegal used mainly advocacy and community mobilization programs (five of them) while Ghana

mostly used education. Ghana also had a component of addressing school-based violence, encouraging enrollment and re-enrollment of girls in school, while Senegal focused on educating communities about the dangers of harmful traditional practices. Ghana's success was from mass education of the girl child while Senegal's was due to community mobilization and empowerment that led communities to understand the negative consequences of early marriage.

Togo, Benin and Cote d'Ivoire

These French-speaking countries face similar challenges of trafficking of children, which could also account for their high early marriage rates. UNICEF 2005 says poverty is a very common cause of trafficking, as girls are given to older and richer men in exchange for money for family survival.

The most dominant intervention was education of the girl child: Benin and Togo had four programs each and Cote d'Ivoire had two. Advocacy was the second dominant intervention for all, and all, like the PROTECT project in Togo, had a strong component of work to eliminate child trafficking and enrolling formerly trafficked children in school.
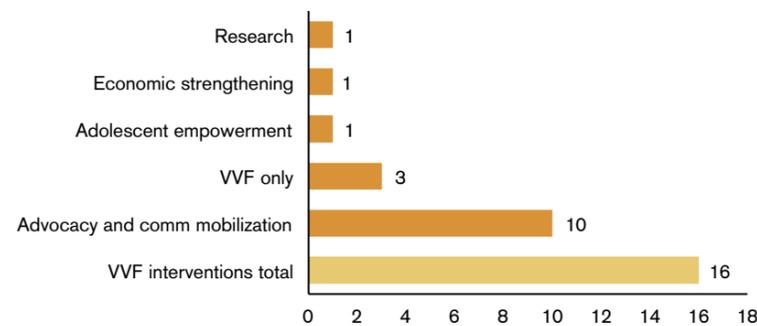
Chad, Mali and Mauritania

These three countries share a strong Muslim influence. In Mali and Mauritania, advocacy and community mobilization dominated (five in Mali and four in Mauritania) while Chad had more education and fistula interventions.

Chad's fistula focus may be explained by the fact that Chad's maternal mortality rate is the world's highest at 1,200 maternal deaths per 100,000 women.[23] One of the causes is early marriage; girls who give birth at a very young age are five times more likely to die during childbirth or to suffer complications such as fistula.[24,25] Chad's ongoing violent conflicts also deny many children an education, and girls may resort to marriage as a solution to poverty and instability.

Mali and Mauritania are almost 90% Muslim, and a strong desire to protect girls from out-of-wedlock pregnancies is the driving factor behind child marriages. Advocacy and community mobilization are therefore the dominant interventions in the two countries.

Niger and northern Nigeria are similar in culture and religion, important drivers of early marriage, so we attempted to find similarities in interventions in the two countries.

MAPPING EARLY MARRIAGE IN WEST AFRICA

SECTION 6: WHAT IS WORKING (THE BEST AND MOST PROMISING PRACTICES) AND WHAT CAN BE IMPROVED? WHAT DO EVALUATIONS TELL US?

Photo credit: Stephanie Sinclair

Section 6
What is Working (The Best and Most Promising Practices) and What can be Improved? What do Evaluations Tell Us?

Introduction

Data for this section come from existing evaluation reports and assessments, so it is important to repeat that most interventions to end early marriage go unevaluated. This study considered evaluation reports to include analyses that wholly or partially reviewed the 111 identified projects. We also drew from evaluations conducted before the period of the scan but with relevant findings, as well as on evaluations of projects implemented by government as part of ongoing policy, not as interventions.

Evaluations included mid-term and end-of-project assessments by implementing agencies and funders; shadow reports; evaluations by global reporting organizations; and self-reporting by governmental agencies. Reports were obtained from the Internet, funders, the implementing agency, evaluation consultants and NGOs.

Of the 111 projects considered, 97 were subjected to a major evaluation/assessment at least once, and in some cases flagship projects were evaluated/assessed by different agencies. Such formal assessments were complemented by insights from stakeholders and key informants interviewed during the field work.

What is working to delay age of marriage interventions?

Insights from Education Program Evaluations

Review of 30 reports on education programs found the best practices to be the involvement of communities through mass community mobilization and literacy support. Other useful practices were improvements to education quality, provision of safe spaces and school clubs.

Many different forms and roles were prescribed for community involvement, including public awards of scholarships and creation of mentoring clubs from community members. Rural radio programming was an important mobilization channel to secure community involvement.

Box 6.0: Best practices in girls' education from COMPASS, Nigeria

Research confirms that girls who complete primary school are three times more likely to avoid pregnancy, and their children equally more likely to attend school. COMPASS addressed the many social and environmental issues affecting the quality and use of education in Nigerian primary schools through the introduction of a number of interventions aimed at improving students' skills in math and literacy and increasing primary school retention and girls' enrolment. Activities also targeted teacher performance, community support and the integration of health and education.

Source: COMPASS, End of project Report, 2009:14

Support through direct grants for PTAs and for NGOs to carry out projects was also emphasized. Best practices included specific engagement of male faith and cultural leaders in community mobilization for girls' education, as well as designing integrated projects with skills acquisition or school-to-work interventions.

Insights from Advocacy and Community Mobilization Projects

Global organizations such as the Elders, Girls Not Brides, the International Centre for Research on Women, the Population Council, FORWARD, UNFPA and UNICEF have mounted effective campaigns or seek to shape the intervention agenda. Only 10 evaluation reports of advocacy and community mobilization projects were identified.

Tostan interventions in Senegal, Mali, Mauritania and the Gambia in West Africa have been subjected to the greatest scrutiny: by GTZ, the Population Council, USAID, UNICEF, independent consultancy firms and scholars producing academic works. Best practices include public declarations; male involvement and engagement of cultural, community and faith leaders; integrated programming; and NGO leadership and networks to implement interventions.

Insights from Economic Strengthening Programs

Economic strengthening interventions included unconditional and conditional cash transfers, and saving

MAPPING EARLY MARRIAGE IN WEST AFRICA

SECTION 6: WHAT IS WORKING (THE BEST AND MOST PROMISING PRACTICES) AND WHAT CAN BE IMPROVED? WHAT DO EVALUATIONS TELL US?

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Box 6.2: Best Practices in CCT Programs

"Niche programs, even after reaching full scale-up, extend benefits to only a limited number of individuals or households. Such households have unique characteristics not common to much of the population, allowing a side-scale targeting of a limited number of people. An example of such a niche program is Nigeria's Kano Conditional Cash Transfer for Girls' Education, which provides benefits to girl students in one state."

Source: The Cash Dividend: The Rise of Cash Transfer Programs in Sub-Saharan Africa, The World Bank, 2012:62

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and loan schemes targeting the girl child in poor or vulnerable circumstances. Many of these interventions also integrated HIV/AIDS and sexuality education components. In post-conflict countries such as Liberia, Sierra Leone and Cote d'Ivoire, interventions incorporated components to address the scars of gender-based violence. Fifteen evaluation/review reports were consulted, showing best practices that included research-driven precision and care in targeting to avoid inclusion and exclusion errors and to take cognizance of "local cultural and social traditions such as targeting of polygamous households." (World Bank, 2012:86).

Another best practice involved identification of an ideal transfer sum that will not raise the income of the beneficiary girl to more than that of the family unit or family head. For example, the World Bank, 2010, notes that in "Ghana's LEAP (Livelihood Empowerment Against Poverty), transfers are equal to 20 percent of the bottom quintile's average household consumption…. Transfers in Burkina Faso's Pilot CCT-CT do not surpass 7.5 percent of GDP per capita in one household with one child in the oldest group. Nigeria's Kano CCT for Girls' Education was set to equal approximately 20 per cent of GDP per capita in 2007." (World Bank 2012, 103-104). Institutional strengthening and use of modern technology to avoid cash leakages in the transfer process are other promising practices, along with a validated registration system to enroll and track eligible beneficiaries.

Insights from Adolescent Empowerment Programs

These programs usually targeted the older adolescent at the tipping point of early marriage and included skill acquisition, leadership, empowerment and in many cases HIV/AIDS and sexuality education components. School-based programs targeting girls are largely run by national governments or with government agencies such as the Ministry of Education.

While few evaluations of these interventions exist, reviews point to some best practices. For example, the AU argues for integration of skills programs into secondary school curricula rather than running parallel streams, which relegate vocational education to an inferior educational track. "Vocational training programs like dressmaking, hairdressing, and cookery are associated with girls - very often girls who are less gifted academically. In Benin, for example, such girls are derogatorily referred to as following the "c" option of the secondary school curriculum: "La serie 'C'–couture, coiffure, cuisine!" (AU, 2006:8). Creating pathways to link vocational education and general education is therefore seen as a best practice.

For out-of-school youth empowerment programs, the strategies working best include integration, inclusion of literacy elements, gender focus and targeting of the girls most at risk.

Insights from Research on Interventions

Global organizations such as the ICRW, Population Council, FORWARD and UNFPA and UNICEF have produced research findings to guide the development of toolkits for partners in early marriage-related programs. Action Aid toolkits specify methods for working with girls, PTAs, policy-makers and boys, based on the experience of its Transforming Education for Girls program in Nigeria and Tanzania (TEGINT). This project ran from 2007-2011 and was evaluated in 2012.

UNICEF is in the process of developing Child Protection Planning, Monitoring and Evaluation Resource Packs. The overall goal is to strengthen the evidence base of child protection programs through clear and practical guidance for improved planning, monitoring and evaluation methods, and documenting good practices and lessons learned.

UNICEF in Mali, Niger, Guinea and Chad must often conduct rapid situational assessments and research on internally displaced children and child refugees in camp situations. For example, the August 2012 situational assessment of Mali UNICEF determined that "since the onset of the crisis there have been 634 cases of gender-based violence reported in southern Mali, including violence against 407 children." Refworld, published online by UNHCR,[27] gives periodic updates on the situation of early marriage in Niger, Mauritania, Nigeria and other West African countries, highlighting changing patterns in the context of climatic, political and socioeconomic crises in the region.

Several fistula projects in West Africa include a clinical research and publication component. The Worldwide Fistula Fund (WFF) is actively involved in fistula-related research at the International Continence Society and the International Consultation on Incontinence. WFF has also sponsored publications and major international seminars on fistula, while senior officials and Founding Director L. Lewis Wall have also produced training manuals for fistula surgery, with multiple publications in medical journals, textbooks, national magazine and local media on fistula-related topics.

Fistula research has also generated insights on facility and staff capacity. In 2011 WAHA International evaluations in Guinea explored the need to strengthen fistula care and agreed with Ignace Deen Hospital in Conakry to scale up fistula care services.

Insights from Child Protection and Legal Approaches

Evaluations of these interventions include self-reporting by national governments to the African Committee of Experts on the Rights and Welfare of the Child; country program reviews by UN agencies such as UNFPA;[28] U.S. government annual reports and reports of human rights monitoring groups;[29] ADB reviews; and academic papers.

Best practices noted in self-reports revolve around new laws and administrative systems to ensure their implementation and compliance. An important best practice is critical feedback by the African Committee and other groups. Feedback provides an entry point for advocacy and mobilization by astute NGOs and NGO networks.

For example, the Civil Society Organization Forum works to contribute to implementation of the ACRWC and Call for Accelerated Action for an Africa Fit for Children; to foster collaboration to protect children's rights and well-being in Africa; to educate one another on child rights; and to provide recommendations to the ACERWC.

Insights from Adolescent Reproductive Health Education and Services Projects

We reviewed 16 evaluations from country reports to UN agencies, academic articles, and internal and independent[30] program assessments. Best practices included building partnerships to broaden sexuality education, integrating HIV/AIDS prevention messages into all projects and testing and delivery of high-quality confidential services.

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Box 6.3: Lessons learned and best practices in adolescent empowerment projects

» Reaching out to youth in targeted communities with traditional norms of contact, plus explicit involvement of already existing youth groups;

» Involving parents;

» Monetary support from a family member or guardian, which is most likely to start the savings process for young people ages 15–18 (a small minority);Groups should be of a manageable size (around 20 members);

» 'Spontaneous groups' need to be included in outreach and receive technical support

» Institutional learning and policy development for future youth projects should be pursued more actively; and

» Life skills training of some sort is appropriate for everyone, given the vulnerability of these young people.

Source: Power point presentation, PLAN, 2010 Global Youth Enterprise & Livelihood Development Conference, slides 13-14

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For example, in its 2012 review of adolescent reproductive health programs in Gambia under UNFPA's 6th Country Strategy, the New World for Youths (NEWFOY) in Bundung, West Coast Region, and Farafenni Youth Centre in the North-Bank-East Region were found "fairly well-equipped" with information and communications technology, audiovisual equipment and recreational facilities. The centers address issues such as teen and unwanted pregnancies, early and forced marriages and life skills education. Young people are empowered to make decisions, which has reduced rates of STIs, unwanted pregnancies and baby dumping among youths. NEWFOY also provides VCT screening and management of STIs. Informants identified regional networking and capacity building around sexuality education as a best practice.

Insights from Vesico-vaginal Fistula Services Projects

Of the 40 evaluations/reviews of VVF projects in West Africa produced during this scan, most were conducted by UN agencies,[31] academics or the bilaterals[32] funding the interventions. No evaluation reports covered the itinerant mercy ships, but several blogs[33] of medical and surgical staff serving on the Mercy Ships were noted. Factors found to be working included partnerships with government facilities and with Ministries of Health, capacity building training for local surgeons, integrated programs incorporating prevention and rehabilitation components, application of the Levels-of-Care approach, and most recently the Mercy Ships model.

Box 6.4: "The problems of ECOWAS Court," By Temitope Ponle, News Agency of Nigeria (NAN), *The Nation*, Friday, October 26, 2012:4-5

By most accounts, the ECOWAS Community court of justice has played some vital roles in implementing the community laws, while serving as a veritable instrument for West Africa's integration. The court's achievements notwithstanding, the court's leadership has expressed concern over the non enforcement of the court's decisions by member states. It underscores the need for member states to play crucial roles in the development of ECOWAS Community Laws.

Justice Awa Nana-Daboya, the president of ECOWAS Community Court of Justice said that even if the court's decisions had been enforced by member states, no reports had been made to that effect. She also said the court received no feedback from the beneficiaries of its decisions. This air of uncertainty surrounding the decisions of the court is one of the challenges confronting the efficacy of the institution.

"Such attitudes are synonymous with opposition or non-observance of obligations. When will time come for an end to default on obligations so as to bring an end to political ill will?" she asked. Nana-Daboya particularly called on member states to adhere strictly to the ECOWAS Community Laws.

The chief registrar said that the level of enforcement of the court decisions by member states was low. "In terms of statistics as to the level of enforcement, it is difficult to give you the exact figure for obvious reasons. However, many of the decisions of the court ended on preliminary objections. But in respect of cases where member states are directly involved and an order is made against a member state to comply with a particular decision and it fails to do that; this is the area in which there are issues," Anene-Maidoh said.

Challenges and gaps

Challenges and gaps continue to be barriers to effective programming in all interventions to end early marriage in West Africa. The failure of national and sub-national governments to enforce child protection and child rights laws and implement policies to end early marriage has been criticized by activists, academics, independent observers and even regulatory agencies. Challenges faced by ECOWAS are captured in the news report above, in Box 6.4.

Evaluations of girls' education projects point to problems of coordination, targeting, ensuring that safe spaces remain safe and integrating reproductive health and basic education programs (COMPASS, End of Project report, September 2009). Weak budgetary and institutional support by government for donor-funded girls' education projects is perhaps the most important gap. These issues are explored in reports on British girls' education projects in northern Nigeria from the Independent Commission for Aid Impact, as detailed in Box 6.5.

Box 6.5: DFID's Education Programs in Nigeria

The [British] DFID programmes are operating in a very challenging environment. The beneficiary communities identified only limited benefits. There have been some successes – including support for female teachers and school-based management committees – but implementation issues are limiting the impact on pupil learning.

Teachers need more support to be effective. The programmes have yet to achieve sustainable results, largely due to the failure of State governments to fund adequately and equitably the required improvements.

Learning Assessment: Amber-Red

There is very little sharing of knowledge and good practice between DFID and its delivery partners, despite the similarities in their programmes. There is evidence of only limited innovation in programme design. There are approaches that have been used successfully elsewhere to improve learning which could be adopted in Nigeria.

Source: Independent Commission for Aid Impact, November 2012:3

Challenges include cultural pushback against sexuality education throughout West Africa and the ineffectiveness of single-component clinical fistula interventions.

Other challenges include cultural pushback against sexuality education throughout West Africa and the ineffectiveness of single-component clinical fistula interventions. Funding agencies also face challenges on designing and reporting on points of integration for expanding interventions to end early marriage, particularly in specialized programs such as fistula interventions.

Overall, poor-quality evaluations or their entire lack have been a recurring challenge, along with poor-quality research on existing interventions, as the World Bank observes in Box 6.6:

Box 6.6: Impact Evaluations

Although many programs in sub-Saharan Africa have tried to determine the impact of CTs on key outcomes, some of the evaluations have lacked the credible counterfactual necessary to determine the program's causal effect on beneficiaries.

To have an impact evaluation in the truest sense, a program must be able to identify treatment and control groups. Experimental evaluations randomly assign beneficiaries or households into these groups, often exploiting the program's need to conduct a phased rollout (because of fiscal, capacity, or political constraints) to ensure that potential beneficiaries are not unfairly excluded from the program.

A quasi-experimental or non-experimental method does not work from intentionally randomized assignment of treatment and control groups. Instead, these evaluations use econometric methods, including matching, difference-in-difference regressions, and instrumental variables, to try to isolate program impacts.

For more information on program evaluations, see Ravallion (1999, 2005).

Source: World Bank 128

Photo credit: Stephanie Sinclair

Section 7
Recommendations and the Way Forward

Introduction

At the end of this scan, a clear picture emerges of the scale, distribution and persistence of early marriage in West Africa, and of best and promising practices to end it, as well as remaining challenges.

The issue of integration is a central thread. Where do we go from here? Our recommendations draw from our findings, the insights of key informants and the experiences of other countries that have tackled the problem of early marriage with some degree of success.

We offer an integrated menu of recommendations on three levels – law and rights, policy and institutional frameworks, and programs, projects and actions. We argue that any successful effort against early marriage in West Africa must operate at all three levels.

Recommendations at the level of Law and Rights

» Codify provisions to protect girls against forced marriage in customary and Sharia law and to sensitize community judges in those systems, because of continued resistance to provisions against forced marriage in penal law.

» Establish a coordinating agency with responsibility for child rights and protection and a mandate to incorporate technical expertise and civil society inputs. The National Child Rights Implementation Committee (NCRIC) in Nigeria is a possible model.

» Legislate Children's Acts that focus on the social responsibilities of the family and the state and recognize age of marriage as part of social protection. Such an act in The Gambia upholds the principles of responsibility and the best interests of the child.

» Support regional CSO networks working to end early marriage within the framework of the Human Rights Commissions common to most West African countries and hold government, citizens and other agencies accountable.

» Strengthen the CSO Forum of the AU by encouraging greater participation from Anglophone hotspot countries such as Nigeria, which are currently under-represented.

» Strengthen regional gender and child rights networks. These include the West Africa CSO Forum (WACSOF), Comité de Liaison des Organisations Sociales pour la Défense des Droits de l'Enfant (CLOSE), Coalition Nationale des Associations et ONG en Faveur de l'Enfance (CONAFE), ANPPCAN, and the Network of NHRIs in West Africa (NNHRI-WA).

» Support an initiative to review and update the reading lists of university law, political sciences, sociology, education and development studies curricula in order to increase awareness of the problem of early marriage in the academic community.

» Design a strong development media sub-project within national TV and print media outlets to showcase and track decisions and feedback from the ACRWC and the ECOWAS Community Court, as well as the compliance of national governments.

» Support a regional conference among the West African Bar Association, National Associations of Women Judges and FIDA to discuss the issue of poor prosecution records for violation of early marriage laws.

» Assist ECOWAS to strengthen its institutional and ad hoc forums, institutions and activities to support the girl child. Such recent forums included the 2009 Policy Dialogue on Education of Girls and Children with Disabilities in the ECOWAS Region, in Niamey, Niger; the 2008 Meeting of Experts for the Promotion of Girls and Women's Education in West Africa, in Cotonou, Benin; and the 2012 meeting of ECOWAS and the International Labour Organization (ILO).

Recommendations are made at the level of law and rights; policy and institutional frameworks; and programs, projects and actions.

» Provide strategic support for ECOWAS to forge links with media in the sub-region for increased awareness and vigilance among the people of West Africa around ECOWAS policies and protocols to support the girl child, such as obligations under the Right to Protection of the Girl Child, the Gender Policy and the Education Protocol.

Recommendations at the level of Policy and the Institutional Framework

» Mainstream the special needs of the girl child into the multi-dimensional aspects of child protection policies and programs, using a multi-sectoral approach in which government's health, education, labor and other ministries work together. In Senegal, the multi-sectoral National Plan of Action for Children has been effective.

» Train and strengthen government planning and budgeting ministries on child-centered budgeting, such as practiced by the Ministry for the Promotion of Women, Children and Families in Mali.

» Work with traditional and religious leaders to create awareness of laws and policies at the community level. The Senegalese Director for the Protection of Children's Rights, for example, works to reduce harmful traditional practices in the country.

» Support government's efforts to implement the new WAEC Senior Secondary School Curriculum, which offers girls in secondary school a range of 34 vocational and technical subjects to choose from in developing a career.

» Establish a National Gender Management System with fully functional gender machinery.

» Improve the capacity of agencies including social welfare departments, the police, ministries of education and health and the courts to work together to address cases of coerced marriage. Toolkits can be developed for the Anglophone and Francophone West African countries, and trainings should be coordinated by intermediate community service organizations with capacity in this area.

» Develop new strategies to support the domestication of National Gender and Child Rights policies in hotspot zones by codifying and creating awareness of existing provisions in Sharia law for the protection of children.

» Improve the technical design and implementation of education interventions in hotspot zones to target girls at the tipping point of early marriage and to build community support for girls' education

Recommendations at the level of Projects and Actions

» Support coordinated "quick wins" by CSOs throughout West Africa. Quick-win projects can borrow from the Grand Challenge format and take the form of a mini-challenge in which NGOs can increase awareness and address early marriage in the local environment. While high-level interventions targeting regional agencies may have potential for greater impact, community-level initiatives are equally important to address cultural, economic and environmental barriers. Intermediary NGOs can make sub-grants, monitor and build the capacity of community-based organizations to incorporate child marriage objectives into their work plans and carry out mini-challenge activities.

» Raise the profile of campaigns to end early marriage in West Africa by targeting commemorative days such as International Children's Day, the Day of the African Child (DAC) on 16 June and the Day of the Girl Child on 11 October.

» Scale up and improve delivery of conditional cash transfer pilot projects to improve targeting and reduce leakages.

» Extend monitoring visits to beneficiaries of conditional social protection programs to sensitize families and communities about the rights of girls to education, as in Ghana's LEAP program.

» Develop a toolkit and a Monitoring & Evaluations Working Group to improve monitoring, evaluation and knowledge management of interventions to end early marriage.

» Engage both Christian and Muslim faith leaders and faith-based organizations in community awareness programs that target conservative community/faith leaders as well as at partners and teachers. This intervention should offer education about the harmful effects of early marriage in the form of a leadership development project. Learning visits to other countries could allow study of alternative ways to mitigate the impact of this harmful traditional practice.

Conclusions and the Way Forward

This study mapped out the harsh and bumpy terrain of early marriage in West Africa. We have plotted the few beacons of hope and tried to lay bare the hurdles, obstacles and challenges to change. Overall, the rocks and dry patches dominate the landscape and invariably shape the environmental scan.

Changes are slow to evolve and even slower to take root; tradition dominates and as West African economies continue to grow in the face of staggering youth unemployment, it seems unlikely that girls will find sanctuaries in the workforce.

But perhaps more importantly, this map of early marriage in West Africa lacks a compass and cardinal points. Many things are going on and multiple funders are involved, some on three or four programs in the same country, with little effort at establishing scientific correlations between delays in the age of marriage and the activities of the intervention.

Against this background, the scan recommendation a three-level approach to support national, regional and community initiatives to end early marriage in West Africa. Recommendations are framed for partnership and coordination by the multiple stakeholders involved.

End Notes

1. See USAID, October 2012: New Commitment and Vision on Ending Child Marriage, in *Ending Child Marriage and Meeting the Needs of Married Children: The USAID Vision for Action*

2. The UN Secretary General's speech, "Let Girls be Girls, Not Brides," on the Inaugural International Day of the Girl Child, 15th October 2012

3. For example, the Working Group on Girls. An NGO Committee working at the UN. http://girlsrights.org

4. An Inventory of Organizations, Scholars, and Foundations, A Report Prepared by The Center for Health and Social Policy for The John D. and Catherine T. MacArthur Foundation and The Ford Foundation, January 2005

5. UNFPA Burkina Faso Communication Officer Siaka Traore's description of the new 2009-2011 project captures this position when he says: "We do not mean to eradicate the phenomenon in two years, but we will make sure we have set up [a core group of advocates] to better fight early marriage because the practice is well-rooted in culture." Africa.gm, *Child brides fight child marriage*, March 18, 2009, interview with IRIN

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Appendix 1
Research Deliverables Expected Versus Research Deliverables Received

COUNTRIES	Interviews with NGOs/International development partners		Interviews with Government Agencies		Interviews with independent Experts		Reports/documents on Early Marriage		Research Summaries by researcher	
	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
Benin	4	0	4	0	4	1	5	0	1	0
Burkina Faso	4	4	4	9	4	5	5	11	1	1
Cape Verde	4	0	4	0	4	0	5	0	1	0
Chad	4	4	4	2	4	0	5	12	1	1
Cote d' Ivoire	4	1	4	0	4	0	5	0	1	0
Gambia	4	2	4	2	4	1	5	6	1	1
Ghana	4	4	4	4	4	3	5	4	1	1
Guinea	4	3	4	1	4	0	5	5	1	1
Liberia	4	4	4	4	4	5	5	10	1	1
Mali	4	4	4	4	4	4	5	2	1	1
Mauritania	4	4	4	4	4	4	5	3	1	1
Niger	4	6	4	8	4	6	5	17	1	1
Nigeria	4	4	4	4	4	2	5	12	1	0
Senegal	4	4	4	4	4	5	5	3	1	1
Sierra Leone	4	3	4	2	4	2	5	1	1	1
Togo	4	1	4	0	4	0	5	0	1	0
Total	**64**	**48**	**64**	**48**	**64**	**36**	**80**	**86**	**16**	**10**

MAPPING EARLY MARRIAGE IN WEST AFRICA

A SCAN OF TRENDS, INTERVENTIONS, WHAT WORKS, BEST PRACTICES AND THE WAY FORWARD

A STUDY SUBMITTED TO THE FORD FOUNDATION, WEST AFRICA OFFICE