

The Child Marriage Research to Action Network (the CRANK)

Research Meeting: The intersections of child marriage – Strengthening holistic and cross-sectoral solutions

27 November 2024

Key takeaways

- **A multisectoral approach with strong, coordinated partnerships is needed to remove the barriers to social norms change, and ensure policies and interventions to address child marriage are holistic, sustainable and scalable.** This means:
 - **Leveraging existing partnerships, strengthening coordination across sectors and building multisectoral efficiency** for deeper impact at a larger scale and reach, particularly in the current context of unsteady, unreliable funding.
 - **Mapping and engaging relevant stakeholders** – like government, civil society groups, service providers and institutions, law enforcement and legal aid – and channels for engagement from the beginning. This can help ensure long-term funding, referrals and support services are in place to promote girls’ education, economic opportunities, health, safety and access to justice. Establishing or strengthening a multisectoral task force at different levels can help respond to, for example, cases of backlash, intimate partner violence (IPV) or school re-entry identified through the intervention.
 - **Partnering with governments** from the beginning to promote multisectoral policy engagement and to support the government to ensure that smaller successful interventions can be replicated and/or scaled up in other regions, and that there is investment in relevant support services.
 - **Undertaking advocacy that is not only focused on child marriage**, but which integrates girls’ agency, empowerment and safeguarding. Education and educational institutions can be a strong entry point for this work.
- **Work to shift norms and end child marriage needs to take a socioecological approach and funders need to invest in this.** Such approaches combine complementary interventions at the individual, interpersonal, community and systems level to support girls’ agency and mitigate against backlash. This includes:
 - **Building girls’ and women’s knowledge, confidence and skills, including how to communicate, negotiate and offer alternatives to child marriage.** This can support their individual and collective agency to resist social norms, as they know *what* they want (aspiration, e.g. staying in or returning to school) and *how* to achieve it (agency, e.g. negotiating with parents/husbands). Using age-appropriate curricula/toolkits – including for careers counselling and leadership training – delivered through safe spaces, women’s collectives or health centres can be effective.
 - **Engaging with parents and husbands/partners on gendered power imbalances, positive masculinities, and supportive parenting.** This can help build improved relationships and allyship and support for adolescent girls’ empowerment, education and sexual and reproductive health and rights (SRHR). Seeing changes in their parents’ attitudes can in turn

increase girls' aspirations and agency beyond child marriage. Using edutainment or video testimonials of positive behaviours can help initiate these conversations.

- **Engaging mothers and their daughters to understand how the intergenerational transmission of norms, learning, skills and self-confidence works.** Harnessing and strengthening the mother-daughter bond to build parents' support for adolescent girls' education also works. It can help strengthen the relationship between mothers and daughters, encouraging mothers to support girls' education rather than marriage – e.g. asking them to study or negotiating with their husband – and consequently daughters' own agency to resist marriage.
- **Working with community-based facilitators and/or intervention partners as key partners in engaging community members – including faith and community leaders, and boys and men – in supporting girls' rights.** Women's collectives and community health care workers – with their knowledge of context and existing relationships – can be important partners for community conversations around gender inequality and child marriage. They need to feel safe, have appropriate and ongoing investment and training – including access to evidence-based strategies and adaptive learning – and avoid replicating harmful norms. Emotion-based posters and public pledges may be useful tools in these discussions.
- **Anchoring social norms interventions to strength-points in the community – like women's collectives – and linking with government for change across the socioecological model in the long term.** Women's collectives that have a federated structure offer an opportunity to strengthen women's leadership through tailored sessions at each level. These collectives can anchor community-level change *and* provide a platform to engage with national-level change at the policy and systems level. They can be spaces for girls and women to go beyond child marriage as a vague social norm to identify the needs, behaviours and fears that prohibit change, and to highlight possible solutions; these can then be linked with (multisectoral) government resources and plans.
- **Child marriage is the strongest driver of IPV, and both are preventable.** They require action at multiple levels and across sectors to transform discriminatory norms and support married girls to leave abusive relationships safely and with access to positive alternatives. This means expanding educational opportunities, especially girls' access to secondary education and comprehensive sexuality education; challenging discriminatory attitudes and norms, including the acceptability of violence against women and girls and child marriage; and promoting gender equality and girls' economic rights, including their inheritance and property rights.
- **Investment in data and measurement is needed, as this is an important advocacy tool.** This should also include sub-national analyses, the identification of context-specific drivers that can be addressed at the local level, and evaluations of what works so we can scale up accordingly.

Introduction

Annabel Erulkar, Senior Associate, International Programs, Population Council.

- Some recent evidence on child marriage^a was presented at the recent Sexual Violence Research Initiative (SVRI) Forum in Cape Town.
- Ten or 15 years ago, much of the effort was on making the case and establishing the negative trajectories and consequences, and some studies showing it was possible to delay the age of marriage and support girls who are – or have been – married (ever-married girls). This involved:
 - Demonstrating that this was an important issue in need of global attention, that girls who marry before 18 experienced negative consequences.
 - That girls and adolescents are not just “junior women”, but child marriage has an important impact on the direction of girls’ and adolescents’ life.
 - Researchers and programmers working in relative isolation
- Our lens on child marriage has broadened since then – we now have a strong focus on the intersections of child marriage with areas like violence against women and girls (VAWG), education, economic empowerment/opportunities and livelihoods, public participation, and sexual and reproductive health and rights (SRHR).
- Thanks to early evidence and programmatic innovations, and the advocacy and coordination of organisations like *Girls Not Brides* and the CRANK, we now have strong global attention and investment in prevention and response. We are not working in isolation.
- Now we need to think about:
 - Leveraging and coordinating partnerships and catalysing efforts across sectors for deeper impact at a larger scale and reach.
 - The urgent need for partnership and to build multisectoral efficiency and coordination, given the current global context, with unsteady, unreliable funding.
- We are entering a new generation of work – we have built the evidence base and have become more nuanced. There are new challenges and questions ahead, so we should celebrate successes and move into answering them – how to work in the harder-to-reach places like rural areas, conflict-prone and insecure situations; how to go to scale; and how to include leadership from those places and communities.
- Our speakers represent the next generation of child marriage researchers and programmers, who are building across sectors, deepening our impact, expanding our reach and our success globally.

Learning from the evidence: Implications for research, practice and policy

Exploring the intersection of child marriage with sexual and reproductive health and rights, and violence against women and girls, focusing on Ebonyi and Sokoto States, Nigeria. Presented by **Masturah Baba**, Technical Advisor for Adolescent Sexual and Reproductive Health working on the

^a “Child marriage” refers to all forms of marriage or union – informal or formal – where at least one party is under age 18 years.

“MOMENTUM Country and Global Leadership – Violence against Women and Girls” Project, Save the Children, Nigeria.

- Project overview:
 - A four-year project implemented through local partners in two states to address child marriage, early adoption of family planning, and intimate partner violence (IPV).
 - Worked across nine communities and 237 health facilities.
 - Key objective: to build the capacity of local partners, increasing access and use of evidence-based strategies, adaptive learning, cross-sectoral partnerships and collaborations to address these issues.
- Technical approaches: Carried out a formative assessment, which informed the intervention phase:
 - Explored social norms to understand some of the drivers of child marriage, early adoption of family planning and IPV, using the Social Norms Exploration Tool ([SNET](#)).
 - Carried out a Behaviourally Focused-Applied Political Economy Analysis ([BF-APEA](#)) to understand how best to work with local leaders.
 - Used the Integrated Technical Organisational Capacity Assessment ([ITOCA](#)) tool for local partners.
 - GBV service provider mapping.
- Key findings from the formative assessment:
 - Onset of menstruation signals the readiness of girls to be married.
 - Parents and communities believe marriage is a protective mechanism, to protect their girls' virginity.
 - Girls are valued less, as parents believe they have less economic value than boys.
 - In Sokoto, families believed marriage strengthened links between families, and this promoted child marriage (different to Ebonyi State).
 - Fertility decisions are usually made by partner/husband, and health care workers ask women if they had consent from their partner to access family planning services and products.
 - A preference for boy children.
 - Being seen as promiscuous if you want to access family planning commodity at the clinic or in the community.
- Intervention approaches were informed by findings from the formative phase:
 - The project is broad, working across all levels of the socioecological model.
 - **Multisectoral approach:** Reactivated or set up multisectoral task force teams at state and local government area level. Included health workers, legal aid, courts, social support services, law enforcement, economic empowerment, civil society organisations and the

government to respond to cases (e.g. backlash, school re-entry, etc.) coming out of the intervention.

- **Community interventions:** Addressing child marriage, power imbalance in the community (as the root cause of VAWG), couples' communication (responding to IPV), women's savings and loans groups (to address economic violence).
- **Health facility interventions:** Provided screening, counselling and referrals.
- **Advocacy and institutional interventions** happening at the same time.
- **["Choices, Voices, Promises"](#)** and adolescent SRH interventions
 - **Individual level:**
 - Choices component focused on adolescents aged 10-14. Used a curriculum with interactive small group conversations, experiential learning, reflections, exercises and take-home assignments to promote gender-equitable behaviours, building adolescents' agency to speak to their parents and realise their dreams.
 - SRH intervention focused on older adolescents aged 15-19 (ASRH), improving SRHR outcomes, modern contraceptive methods, and conversations with their partners/husbands (see details below).
 - **Interpersonal level:** Voices component working with the parents of young adolescents in parallel sessions. Used video testimonials of positive behaviours by parents to then have a facilitated conversation, promoting positive gender-equitable (household) decision-making and the valuing of girls alongside boys.
 - **Community level:** Promises component working with leaders and members of the community. Used emotion-based posters to begin conversations around gender-equitable behaviours, highlighting the negative impacts of child marriage and getting support for girls' education and delays to marriage. It also promoted community advocacy and support for girls to at least complete secondary schooling or turn 18 before marrying.
 - Complementary interventions happening at the same time, so as adolescents learn and feel more empowered, they can reflect and discuss with their parents.
 - Conversations with husbands/partners around positive masculinity, including how to support their young partners, including the uptake of family planning methods.
- Results on child marriage:
 - Reached over 2,800 people across interventions.
 - Unintended result: adolescent girls' interest in going back to school, approaching their parents and getting their support.
 - Parents publicly pledged to keep their daughters in school and let them reach 18 before marriage.
 - Planned marriages were cancelled – found girls were more empowered to speak up and negotiate with their parents. In some cases, they had to bring in the multisectoral taskforce to respond to backlash from intended husbands.

- Changed perceptions – varying feedback in post-surveys; a majority supported delaying marriage to after 18 years, but still some resistance.
- ASRH component:
 - Counselling over 25,000 adolescents and young people.
 - Training of health care workers (through the health care facility).
 - Community outreach with health care workers.
 - Norms-shifting sessions with adolescents and their partners.
 - Links to service provision.
 - Did not provide family planning commodities, but built partnerships with providers and advocated to the government to provide more services in these communities.
- Results on ASRH:
 - Increased knowledge around SRH and information on modern family planning methods.
 - Changed perceptions, but some resistance to family planning due to religion.
- Success factors:
 - Community-based facilitators with experience of education and context helped create acceptance.
 - Using the life stage and age-appropriate toolkits and safe spaces promoted deeper reflection and discussion among adolescents.
 - Advocacy not only focused on child marriage, but integrating girls' agency, empowerment, safeguarding, and using education as an entry-point.
 - Continuous capacity building and links/referrals through the multisectoral response team, educational institutes, legal aid, etc.
 - Working with local actors/implementing partners with existing relationships with key stakeholders and communities.
- Challenges:
 - Responding to resistance – norms take time to shift, so need to consider adequate resources for implementation and sustainability
 - Working in isolated and insecure locations – had to change location due to insecurity
 - Integrating SRH required continuous support and investment, especially where there were no health care workers to facilitate sessions.
- Future considerations:
 - Choices, Voices, Promises and ASRH can be integrated into other programmes, and the different components can be implemented alone or in different combinations.

- A multisectoral approach with strong partnerships is important – need to map stakeholders with influence over the intervention and girls’ lives, e.g. educational institutions and response taskforce (safety planning).
- Being flexible and adaptive – poverty emerged as a key issue, so we need to think about how to bridge this economic gap, e.g. through working with agencies that can provide unconditional cash transfers.
- From initial start phase, girls expressed and voiced their experiences – need to mitigate backlash and prioritise girls’ safety.

Social norms, pathways to education and scale, focusing on rural India. Presented by **Sushmita Mukherjee**, lead for gender diversity, equity and inclusion, and social norms work with Project Concern International, India.

- [Project Umang](#) (“Enthusiasm”) is a model/initiative that was tested, piloted and scaled up in India. It looks at child marriage from a social norms lens, considering that:
 - Child marriage is not a new issue; there has been some progress, with steep declines in prevalence in some places.
 - We saw a reversal of this progress during the COVID-19 pandemic.
 - So, we need to understand the social norms underlying child marriage, why they are so “sticky” and why crisis leads to rollbacks on progress.
- Project Umang background and formative research:
 - Multiple adolescent empowerment projects and parents’ engagement have been rolled out, but there are gaps.
 - Formative research in Jharkhand found enabling environments and strength-points in the community to anchor social norms interventions. To design a norms-shifting intervention, you **need the right anchor**; it **needs to be community-led** (rather than NGO-led or focused on small-scale shifts).
 - **Women’s collectives** (often self-help groups, nurtured by government programmes) are a constant. So, **raising the collective agency of women could be a mode to shift norms around child marriage**. Need to look carefully at what their strengths and barriers are:
 - Women as individuals and collectives have different strengths and weaknesses.
 - Any breakdown of marriage was highly stigmatised – need to work on **collective agency** to resist and position an alternative to marriage, so this is experienced as empowering and not disempowering.
 - Individually, up to 80% of mothers with adolescent daughters were also married before age 18, so they were the best aware – as victims and survivors – of the norm. Mothers and daughters can share close bonds, but mothers are not the top source of information on menstrual health for their daughters, indicating a lack of confidential connection and communication.
 - Two-part intervention model to work with women’s collectives and the mother-daughter relationship, looking at:

- **Intergenerational communication/transmission of norms** between mother and daughter.
 - Strengthening the **relationship between mothers and daughters**, to build parents' support for adolescent girls' empowerment.
- Self-help group structure: three-tiered, federated structure with a layer of women's leadership at each level. This means they can anchor community-level change *and* engage with policy and systems to bring change across all levels of the socioecological model.
- Project Umang objectives and design:
 - Capacity building with women's collectives to create supporting environments for adolescent girls' education. Model made up of two parts, primarily with input to the women's collective.
 - Establish a model that is scalable and sustainable (through self-help group platform).
 - Partnership with the India and Jharkhand governments was key from the beginning, to promote multisectoral policy engagement, and so the government can replicate and scale up in other regions.
- Intervention design: Modular session-based engagement with women's collective, graded to leadership structure. Included:
 - Leadership sessions with women leaders.
 - Edutainment sessions with women and girls, to engage with the dialogue, learn how to communicate, negotiate and offer alternatives (e.g. meaningful education, which allows you to be a healthy and productive adult).
 - Career counselling for adolescent girls and parents.
- Evaluation design & methodology (of pilot):
 - Given most input was to the women's collectives and mothers, the pilot evaluation wanted to see how the intergenerational effect really works, how the mother's learning and training was transferred to the daughter and enhanced her self-confidence and self-esteem.
- Results:
 - Attitudes towards child marriage shifted among mothers (e.g. idea that girls have to get married, or that there is a legal prohibition for child marriage) and daughters, who saw their parents being ready to adopt an alternative path to child marriage.
 - Daughters' agency to resist child marriage improved, as girls felt they knew their parents would resist child marriage, and that they knew **what** they wanted to do themselves, and **how** to achieve their aspiration (thanks to the career counselling).
 - Daughters' educational aspirations improved 11.5% increase in girls who aspire to study up to at least 12th standard; 25% increase in number of girls expressing confidence that they will be able to fulfil this aspiration (thanks to a reduced conversation around marriage in the family).
 - Mothers' support to daughters in education improved, shown in communicating with father/family, resisting a match, and saving money to support their daughters.
- Learning & recommendations:
 - Open opportunities for meaningful education, with counselling to expand girls' aspirations and knowledge of how to achieve these.

- Understand the barriers, going beyond child marriage as a vague “social norm” to identify and address the bottlenecks, behaviours and fears that prohibit change.
- The mother-daughter bond is important, especially where mothers ask girls to sit and study rather than (only) doing domestic chores.
- Interventions to shift social norms need to follow a scalable model, with opportunities for further funding. This means understating from the beginning the channels for reaching out to the community, what strengths the government already has in this to avoid intensive investment the government then can’t continue.
- Engage community leaders and influencers, gaining the support of faith and community leaders.
- Leverage women’s collectives to enable women to share their choice and voice their requirements, which can then be linked to government resources/plans to respond.
- Implications & opportunities: Partner with government from the beginning to ensure:
 - The intervention model is implementable through government structures, and is therefore replicable.
 - You can check government strengths and limitations.
 - Connections with other departments and administrations, e.g. district administration, education and child welfare.
 - Multisectoral engagement (convergence model) means you can work on policy implementation, e.g. thinking about school facilities, transport, etc. together. This also allowed for a multisectoral plan of action, rooted in the women’s collective and their knowledge of what areas needed further resources so they did not block social norms change. This model also enabled shifts to community-based norms.
 - State-wide replication of the model by the government, and more engagement with the administration at state and local levels for intensive implementation of policy measures in the convergence model.

Intimate partner violence against adolescent girls, focusing on country-level factors and child marriage prevalence – implications for policy. Presented by **LynnMarie Sardinha**, Department of Sexual and Reproductive Health and Research, World Health Organisation – Human Reproduction Programme.

- VAWG – especially IPV and sexual violence – is a violation of rights and a major public health issue, with short- and long-term impacts on women’s health.
 - Nearly **1 in 3 women** had experienced physical/sexual IPV or non-partner totalling 736 million women worldwide in 2018. Most of this violence was IPV.
 - There has been progress – VAWG is on the global development and public health agendas. We have a Sustainable Development Goal (SDG) indicator on eliminating all forms of VAWG (particularly Indicators 5.2.1 and 5.2.2).
 - Prevention of IPV is urgent – it has significant consequences for girls, women, families and societies. To inform these prevention programmes and policies, we need to understand national and regional patterns in prevalence of violence, and the factors that perpetuate or can mitigate this.

- Drawing on a larger global study of IPV, this study focuses on regional and national estimates of IPV against adolescent girls aged 15-19. It examines associations between country-level economic, social and political factors – including prevalence of child marriage – as contributors to lifetime and past-year (recent) prevalence of IPV.
- Macro/country-level contextual variables: Need to look at this through a socioecological lens. There is strong evidence at the individual level drivers of IPV and child marriage and the links between them, but little evidence around how context impacts on this.
 - Education and employment factors – primary, secondary, tertiary education, and female labour force participation.
 - Economic factors – World Bank income groups, Gross Domestic Product, Gini Index.
 - Legislative factors – women’s economic rights and domestic violence laws.
 - Harmful practices – child marriage.
- Methods: Global database on the prevalence of VAWG:
 - Systematic review, national/international data repositories, microdata analyses from Demographic and Health Surveys.
 - Study inclusion criteria – population-based studies representative at the national/sub-national level, used acts-based measures of violence.
- Global prevalence estimates for physical and/or sexual intimate partner: Violence starts early in the life of girls:
 - 154 countries/areas with survey data on lifetime prevalence of IPV; 159 with data on the past 12 months prevalence; 101 (lifetime prevalence) and 105 countries (past-year prevalence) with country-level metadata.
 - Almost 1 in 4 (19 million) ever-married/partnered girls aged 15-19 is estimated to have already been subjected to physical and/or sexual IPV at least once in their lifetime; 16% within the past 12 months.
 - Because this happens so early in their lives, this can have profound and lasting harms. It needs to be taken seriously as a public health issue.
 - IPV impacts on girls’ education, health, relationships and lifelong prospects, which can in turn limit their options to leave a violent relationship.
- There is no region that is free of violence against adolescent girls, but:
 - The highest prevalence is in Oceania, Central and Eastern Africa, and South Asia. In many of the regions with high IPV, there is also high prevalence of child marriage.
 - **In the regions with highest prevalence, the difference between lifetime and past-year IPV is small, signalling that adolescent girls are struggling to leave violent relationships.**
 - IPV prevalence can be very high, almost 50% in some countries. The lowest prevalence was in Europe and other high-income countries.
- Country-level/contextual factors associated with IPV played an important role:
 - Adolescent girls in lower-income countries and regions (and regions affected by conflict) disproportionately affected

- **The strongest driver of IPV is child marriage.**
- Proportion of female enrolment in secondary education.
- Equal property rights for women and men (thinking about cash transfers as a solution, we need to link with gender norms change to avoid backlash).
- Child marriage prevalence is decreasing but widespread and underpinned by the same inequitable gender norms. It results in school dropout, unwanted pregnancy, motherhood and other unpaid domestic work, all leading to the **inability to leave an abusive relationship; even when they do leave a relationship, there are other associated risks.**
- VAWG and child marriage are preventable! It requires action at multiple levels and across sectors; and investment in inter-sectoral programmes and policies that:
 - Address and prevent child marriage and support girls who are married before age 18 in safely leaving abusive relationships.
 - Invest in policies that expand educational opportunities that challenge harmful gender norms and supports girls' secondary education.
 - Challenge discriminatory attitudes and norms, promoting gender equality and economic rights across all levels of society, including:
 - Acceptability of VAWG.
 - Norms that perpetuate child marriage (through schools-based, community-based, community groups).
 - Comprehensive sexuality education.
 - Inheritance/property rights for women.
 - Support and scale-up prevention programmes that are known to work.
 - Scale and invest in support services.
 - Support women's and community organisations.
 - Invest in strengthening data and measurement, as this is an important advocacy tool.
- Recommendations for future research:
 - Sub-national analyses and identify modifiable drivers.
 - Look at more causal mechanisms (rather than associative).
 - Tracking trajectories and longitudinal research.
 - Evaluations of community-level interventions and appropriate context-based scale up of what works.

Q&A and discussion

How can we effectively involve girls in the development of strategies?

Masturah: Co-creation at the design phase of the intervention. An initial session uses a participatory approach (storytelling, creative arts) to highlight some issues and barriers girls are facing, and bring in their creativity, getting girls' ideas about how to make the initiative more

accessible. This also helps build rapport, trust and an understanding of context. A follow-up session helps streamline the solutions they shared, tailor the programme and gather their consent and support for the intervention.

What materials can we use to enhance male engagement?

Masturah: The Choices programme engaged girls and boys; the ASRH programme engaged married and unmarried men. Across the interpersonal level, the intervention worked with mothers and fathers, engaging them in the conversation, bringing in their voice and ensuring their involvement (see resource section below for practical tools).

Sushmita: Male engagement is important – women’s collectives were the anchor point and were also agents for engagement with men, including their husbands (at family level), community leaders and government officials. These women did not lack information, but rather communication skills and confidence to argue their point – learning these skills improved their leadership.

Comment on scalability and replicability, given social norms are context specific

Sushmita: We need to know what the difference is – replication is “copy-paste”; **but scaling means constantly assessing differences in social norms**, even at the micro level, making sure our content and channels of communication are constantly updated.

Measurement of agency

Sushmita: The project began in 2019, then was hit by COVID-19 – need to look at what girls desired then, the reality in that context, and the difference in the barriers they perceive. Can use the “can-act-resist” model.

There must be some overlap in lifetime and last-year violence for adolescent girls – can you comment?

LynnMarie: Exposure is on a limited frame for lifetime, but looking at the relative risk/ratio between the two the association is as strong as it looks in the graphic.

Do you have data on how child marriage influences the increase of social capital in girls’ and adolescents’ families?

LynnMarie: We have a new workstream on this for the next few years. Macro-level and contextual factors play an important role, and those that underpin child marriage are similar to the drivers of IPV – these are all measures of gender inequality across the spectrum. That said, it is important to see what the similarities might be to develop integrated interventions and policies *and* ones that target a particular issue.

An intersectoral approach that addresses SRHR and CSE: A case study of success from Nepal

Venkatraman Chandra-Mouli: It is good to celebrate national-level successes from countries like Nepal, which is small and struggling economically and politically. Nepal has reduced child marriage from 40% in 2001 to 21% in 2022; and adolescent fertility rates are down from 110/1000 to 71/1000. This is because of intersectoral work, with huge increases in median years in education, secondary school attendance accompanied by declines in illiteracy at the national level, in child

marriage, and in adolescent fertility. Nepal is one of the few countries in South Asia with a national comprehensive sexuality education programme (and they are not afraid to call it that), with legal safe abortion for anyone who asks for it, and contraception for anyone who is sexually active. An intersectoral approach that addresses ASRHR in a broad way can have positive results.

Research updates

CRANK Research Tracker: Please share your (recent, current) research updates in this [online tracker](#). It helps us to coordinate and avoid duplication of research.

Ramya Subrahmanian (UNICEF Innocenti), Accelerating evidence-based action to end child marriage, envisioning a way forward:

- Initiative with the CRANK, *Girls Not Brides*, UNFPA-UNICEF Global Programme to End Child Marriage, UNICEF Innocenti and the WHO.
- In the context of the 2030 SDGs – we are off track and need to think about accelerating. We need to be as evidence-based as possible.
- Need to look back – exercise done in 2019, when we took stock of research, which led to an identification of key priorities, including the need for more evidence studies about interventions, solutions and effective strategies to accelerate, scale up, etc.
- Five objectives:
 - **Stocktaking** – need to map the increases in knowledge in different geographies, sectors, what questions we are asking, what is being answered. This needs to include high-quality published knowledge, and other kinds of knowledge.
 - **Supporting evidence uptake** – using what we already have more effectively to accelerate action in different contexts.
 - **Setting local-to-global priorities** – thinking about what is missing, priorities from different contexts, where we still need to invest our research dollars. We need to avoid duplication (hence the need to stocktake first).
 - **Fostering capacity exchange** – recognising that the success of this field is due to the coming together of researchers with policymakers and practitioners. We need to build a process that enhances and includes capacity exchange between these different actors – especially as knowledge rests in different places – so we can leverage it for use to the best effect.
 - **Deepening clarity and consensus** – on where we have been effective, where there are still challenges, and to collectively understand what the evidence is telling us.
- Guiding principles:
 - **Ensure an inclusive and participatory process**, deepen strategic, equitable and meaningful engagement across stakeholder groups (from adolescent girls to researchers, policymakers, etc.).
 - **Foster equitable partnerships**, with a focus on Global South leadership, intentionally addressing inequalities in the knowledge economy.

- **Focus on accelerated action** (prevention and response), with a focus on targeting geographies, contexts, groups where there are the most gaps in knowledge of what works.
- **Embrace pragmatism and strengthen synergies**, including leveraging existing research, networks and opportunities.
- Strategy:
 - **Take stock of available evidence**, identify gaps and map upcoming research.
 - **Identify priorities for evidence** that will have catalytic and multiplier effects in ending child marriage through (inclusive, participatory) stakeholder outreach – please get involved!
 - **Strengthen regional and country-level engagement** for translating evidence into strategy and action.
- Proposed process:
 1. **Kickstarting consultations:** At SVRI in October 2024.
 2. **Identify priorities:** Global survey, stock-taking exercises.
 3. **Regional and national-level engagement:** Crowdsourcing, regional- and national-specific evidence generation and uptake agendas.
 4. **Renewed priorities and agenda for evidence to action:** Global convening launch of (crowdsourced and rigorous) evidence agenda.
- Sushmita comment: Local engagement – language should not be a barrier, so we can gather local nuances on what works and what does not (this should be a specific objective, as there are gaps here).

LynneMarie and Chandra – Launch of WHO guidelines on “Preventing adolescent pregnancy and poor reproductive outcomes”, which will include child marriage and SRHR.

- To be published in January 2025, as an update to the guidelines published in 2012.
- Includes evidence from randomised control trials to project experiences on what works and what might not work. Also addresses preventing child marriage and meeting the needs of girls/adolescents who marry before age 18.

Lorena Vitola Castaño – “Gender justice: A model of legal-political innovation for the prevention of human rights violations and gender-based violence with emphasis on child, early and forced marriage and unions (CEFMU) and related forms of contemporary slavery against girls and women in Latin America”.

- **Research question:** How to prevent human rights violations and GBV – deepened by CEFMU, and by the related contemporary forms of slavery exercised against girls and women – from a legal and comparative public policy perspective, with a gender approach, in Latin America?
- **General objective:** To analyse the human rights violations and GBV caused by CEFMU and its connection with neo-slavery exercised against girls and women, in order to propose prevention

alternatives from a legal and public policy perspective through a comparative study in Brazil, Chile, Colombia, El Salvador and Mexico.

Some key takeaways from the speakers

Masturah: The CRANK is a shared learning space that can support us to learn from other contexts to strengthen our own programming, and to use multisectoral approaches. We also need to use positive language around the work we do.

Sushmita: Given we know that norm-shifting interventions need to be multisectoral, multidimensional and multilevel, I call on funders to invest in socioecological model approaches that are comprehensive and holistic.

LynnMarie: Invest, invest, invest! In all levels, multisectoral, in what works, in political will, in community-based organisations – including those who are led by women and girls – and in robust evidence and data that can then link into interventions.

Resources shared

- The CRANK [research tracker](#) and research [submission form](#).
- Save the Children Choices, Voices Promises [Program resources](#)
- Social Norms Exploration Tool ([SNET](#)).
- Pact, 2014, [Applied Political Economy Analysis: A tool for analysing local systems](#).
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