



# Improving the Lives of Married Adolescent Girls in Amhara, Ethiopia

## A Summary of the Evidence

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## A Summary of the Evidence

### Background

Today, there are nearly 70 million child brides worldwide, with an estimated 142 million more destined for early marriage over the next decade. Child marriage violates girls' basic human rights and brings their childhoods to a swift end.

This harmful practice is most common in developing nations and is particularly pervasive across South Asia and Africa, where 50 to 70 percent of girls in some countries are wed before age 18. In societies where girls are valued less than boys, marrying girls as young as 10 years old is routinely deemed a smart economic transaction for poor parents, who, upon their daughter's marriage, will have one less child to support and may receive "bride price" – money or property – from the groom's family.

However, the practice ultimately perpetuates the cycle of poverty and gender inequality within families and communities. Worldwide, most child brides drop out of school. They are at greater risk of experiencing intimate partner violence. They are isolated to the domestic sphere, with little or no power in household decisions.

This is no less true in the Amhara region of Ethiopia, where the groundbreaking program designed and implemented by CARE Ethiopia and evaluated by the International Center for Research on Women, "Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls," or TESFA, impacted the lives of 5,000 child brides. The program sought to mitigate the effects of child marriage. It was one of a handful of efforts globally that focused solely on married girls and how best to support them as they transition to adulthood.

Life for married girls in rural Amhara – and for most child brides worldwide – is intensely routine and solitary. Husbands and mothers-in-law hold significant power, deciding where young wives go or what they do outside of the domestic sphere. And although marriage before 18 is illegal in Ethiopia, it continues to happen, often in secret ceremonies. The region has one of the world's highest rates of child marriage, with most unions



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taking place without girls' consent. Most girls find out about their marriage on their wedding day.

In Amhara and elsewhere around the globe, many child brides have little or no access to reproductive health information or services, and thus endure a slew of health problems that further cripple their ability to grow into healthy, productive women. They are at greater risk of sexually transmitted infections, including HIV. They face complications – and death – as a result of early pregnancy and childbearing. Further, children born to child brides are more likely to experience death, malnutrition, stunting and ongoing health problems than those born to mothers just a few years older.

These tragic consequences of child marriage not only impact individual girls' lives; they also severely undermine global progress on a variety of goals, including ending poverty, ensuring universal access to education and sexual and reproductive health, and strengthening economies. Child marriage also slows efforts to reduce human rights abuses, incidences of maternal mortality and morbidity, and vulnerability to HIV.



Figure 1 Child Marriages

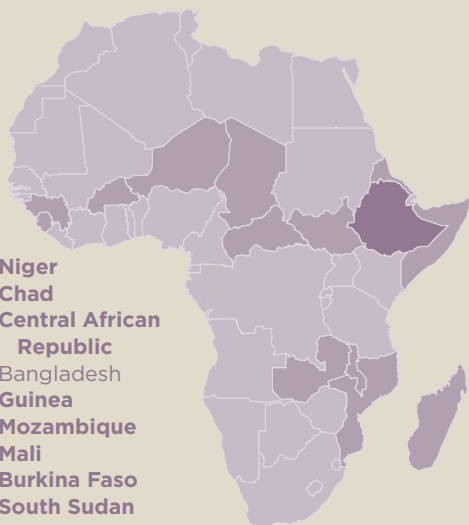
70 million

number of child brides worldwide



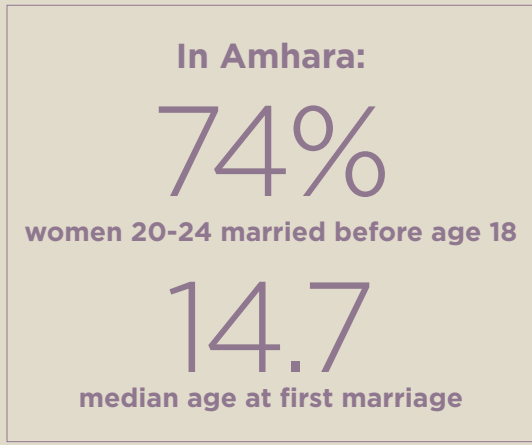
One third of the world's girls are married before the age of 18  
1 in 9 are married before the age of 15

15 of the 20 countries with the highest rates of child marriage are in Africa

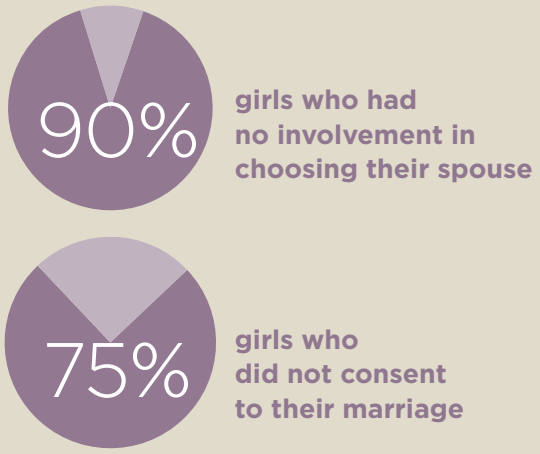


- Niger
- Chad
- Central African Republic
- Bangladesh
- Guinea
- Mozambique
- Mali
- Burkina Faso
- South Sudan
- Malawi
- Madagascar
- India
- Eritrea
- Somalia
- Sierra Leone
- Zambia
- Ethiopia
- Dominican Republic
- Nepal
- Nicaragua

In Sub-Saharan Africa, girls with no education are 5 times as likely to marry before 18 as those with secondary or higher education



In this study:



Sources: ChildInfo.org, EDHS 2011, ICRW, UNFPA, UNICEF.

## Why Married Adolescent Girls Matter

Married adolescent girls are often the most vulnerable individuals in their societies and communities. They also hold great potential. But unfortunately, married girls remain a forgotten population in global programming and policy efforts, which have focused increasingly on preventing, rather than mitigating, child marriage and supporting girls who are already married.

This reality continues, despite young married girls being a critically important population for programmers interested in improving economic well-being and health. In terms of economic stability, these girls are often only peripherally engaged in the formal economy, making them extremely vulnerable to economic shocks and limited in their ability to support their families in the immediate and long-term. From a health perspective, married girls are at the beginning of their reproductive lives and interactions with the health system. Enhancing their knowledge and encouraging healthy behaviors are likely to have long-lasting impacts.

Indeed, working to improve the lives of this population has effects beyond the individual girls. Bettering their lives will likely enhance their children's, and therefore may play a critical role in reducing intergenerational patterns of poverty and poor health.

As global leaders focus on designing the development agenda for 2015 and beyond, it is imperative that they give attention to this population of girls that remains in the shadows. Their unique needs also must be effectively addressed in efforts to ensure that all adolescents have equal access to sexual and reproductive health information and services, including family planning. The global effort to reach 120 million new women and girls with access to voluntary family planning by 2020 cannot be achieved without recognizing and prioritizing the reproductive health needs of married adolescent girls.

By committing to meet the needs of married adolescents in policy and programming, the world will speed progress toward advancing their human rights, through



empowering them to delay, space or avoid pregnancy, and arming them with the knowledge to prevent gender-based violence and sexually transmitted infections, among other important health outcomes. At the same time, policies and targeted programs that enable girls to go back to school as well as provide them with opportunities to engage productively in their communities and local economies.

Such interventions must also recognize that child marriage often violates some of the most basic human rights these girls have. It is the right of all girls – including those who are married – to have access to education and to health information and services. They also must have the prerogative to make decisions about their sexual and reproductive lives. Importantly, ensuring that married adolescent girls can take advantage of these and other rights and opportunities by increasing investments in them may also contribute to decreasing rates of child marriage around the globe.



## Promising Strategies to Support Married Girls: The TESFA Experience

CARE and ICRW are leading global efforts to better understand and meet the unique needs of the forgotten population of married adolescents. The approaches used in the TESFA program are based on a global review of promising strategies that help to improve the lives of married girls and delay marriage for unmarried girls, including:

- **Empower girls with information, skills and a support network.** Bringing girls together to, for instance, learn how to communicate and negotiate with others, stay healthy during their reproductive years, and earn and manage money, increases their knowledge and self-confidence. Meanwhile, helping married adolescents develop support networks alleviates the social and economic isolation many of them experience.
- **Provide essential health information and services.** Married and unmarried adolescent girls often have limited access to the information they need to protect and promote their health, and the information they do receive may be inaccurate or stigmatizing. When girls have access to high quality, accurate health information and services – especially related to their sexual and reproductive health – they are more likely to experience reduced rates of early pregnancy, maternal morbidity and mortality, obstetric fistula, HIV infection and more.
- **Educate and rally parents and community members.** Families and community elders are traditionally responsible for deciding when and whom a girl marries. Therefore, having community leaders critically reflect and realize how early and forced marriage impacts girls' and their families' health and futures often sparks change that is both powerful and sustainable.
- **Provide financial and livelihoods training.** Equipping married girls with basic financial skills and providing income-generating activities help them better support themselves and their families. Importantly, such opportunities also can be deeply empowering and aid in increasing girls' negotiating capacity within the household.

These were among the strategies CARE employed in TESFA, which launched in 2010 and unfolded over three years in Ethiopia's Amhara region. While a significant amount of research has explored the causes and consequences of child marriage in Ethiopia and elsewhere, little investigation and few programs have focused strictly on girls who are already married.

TESFA – which means “hope” in Amharic – did. The program reached 5,000 child brides ages 10 to 19 with information and services on sexual and reproductive health, how to save and invest money, and lessons on everything from how to care for a newborn to how to communicate in a relationship. The program used innovative methodologies to understand not only if TESFA's approach worked, but how and why. TESFA also provided opportunities for married adolescent girls – who are among the most marginalized members of society – to participate in the social, economic and political life of their families and communities.



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## Child Brides in Amhara, Ethiopia

Such opportunities proved to be profound for the girls, whose childhoods are abruptly cut short by unwanted nuptials.

The process of marriage in Amhara typically follows several steps, beginning with an agreement between families about the union, often at a very young age, and then followed at some point by a formal marriage ceremony. Once they become wives, girls in Amhara may remain in their natal home for a period of time or move in with their parents-in-law until the in-laws decide it's time for the young brides to consummate their marriage. That usually occurs when the girls' physical changes at puberty become apparent. The data indicate that on average, girls who participated in TESFA had their first sexual experience at 13 years old. Many did not even understand what was happening.

As wives and young mothers, these young girls' daily lives are defined largely by domestic work – cooking, cleaning, fetching firewood and water – and caring for

their husbands and children. The burden of household duties, combined with cultural beliefs, significantly restrict the girls' mobility and largely exclude them from community activities and events. Many married girls also help tend to livestock and small crops, which is how most families in Amhara make their meager earnings. However, young wives often receive no compensation for their work.

## TESFA Program Details

The TESFA program took place in two districts in the South Gondar region of Amhara, where girls are at great risk of early and forced marriage and female genital cutting, and where they are the brunt of social norms that favor boys. These norms affect girls' educational opportunities, decision-making power within their households and increase their vulnerability to violence, sexually transmitted infections and other health concerns.

TESFA built on CARE's well-established Village Savings and Loan Association (VSLA) model, where girls were organized into groups and program content was delivered primarily through peer educators. While this approach has been widely used with adults, it had not been used extensively with adolescent girls exclusively, or as a mechanism for delivering a health-related curriculum.

For the TESFA program, participants were divided into four main groups, each representative of the type of education they received:

- **Economic Empowerment (EE)** – Girls who received economic empowerment information and guidance, based on an adapted VSLA model.
- **Sexual & Reproductive Health (SRH)** – Girls who learned about issues related to their sexual and reproductive health.
- **Combined** – Girls who received both EE and SRH programming.
- **Comparison** – Girls who received a delayed version of the Combined curriculum and served as a comparison group.

The program also directly engaged the community to a greater degree than is typical. In particular, community members, including village elders, religious leaders and health workers, were recruited as a part of Social Action and Analyses groups – also called “gatekeepers.” These adults received training in areas related to the main project goals through a peer-education system similar to that used with the girls

groups. Based on the SAA approach, the community groups of “gatekeepers” undertook critical dialogue and reflection on the factors that contribute to early and forced marriage. They supported role models and took action against early and forced marriage. They also acted as liaisons between the program and the community and were tasked with providing support to the girls groups. This engagement proved to be critical to the success of the program.

For ICRW's evaluation, researchers analyzed whether providing economic empowerment and sexual and reproductive health programming together or individually was more effective. With TESFA participants separated into specific groups (SRH, EE, etc.) The evaluation compared the relative effectiveness of each group's approach in improving the economic empowerment and sexual and reproductive health outcomes for girls. The design also provided an opportunity to see the effect of each of these compared to a de facto “do nothing” scenario, where the girls did not receive any programming<sup>1</sup>

The evaluation found that the lives of married adolescent girls in the TESFA program improved significantly in economic, health and social terms. The changes included:

- Large gains in communication between the young wives and their husbands
- Decreased levels of gender-based violence
- Improved mental health among participating girls
- Increased investment in productive economic assets
- Improved knowledge and use of sexual and reproductive health services, including family planning
- Increased social capital and support



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<sup>1</sup> These girls received the intervention, but after the evaluation of the initial program was concluded.



### Evaluation Highlights: Economic Empowerment

#### Income, savings and loans overview

Among TESFA's goals was to empower participating girls by encouraging them to take part in income-generating activities and paid employment, as well as to increase their savings and loan opportunities.

ICRW's evaluation found that all groups – including the Comparison group – experienced increases in the proportion of girls participating in paid employment and income-generating activities. This included selling vegetables and eggs, raising poultry and breeding livestock, among other jobs. The change was most profound in the intervention groups: By the end of the program, 36 percent more girls in the EE and SRH arms and over 40 percent of girls in the Combined group were engaged in work for pay, than at the beginning of TESFA. There was a roughly 27 percent increase in the Comparison group.

The relatively uniform increase in married girls' general economic activity was likely a reflection of other trends in the area during the program, among them a rapid-changing economic environment in Amhara and in Ethiopia more broadly. Still, coupled with an overall rise in the average income girls earned, the findings indicate that TESFA indeed made a difference in married adolescent girls' economic engagement – beyond the impact of any economic growth in the country at the time. This outcome was influenced by the program's approach: By design, girls interacted with each other often within their own groups or between groups, which expanded their exposure to variety of income-generating activities. They also learned practical tips for how to establish their businesses and savings.

“Before TESFA, we did not have any information. After TESFA project, they taught us about different income-generating opportunities,” a group facilitator in the Combined group said. “They informed us about animal fattening (sheep and ox) and poultry. They told us how we can make changes even by saving a little and involving in selling items little by little from what we have.”



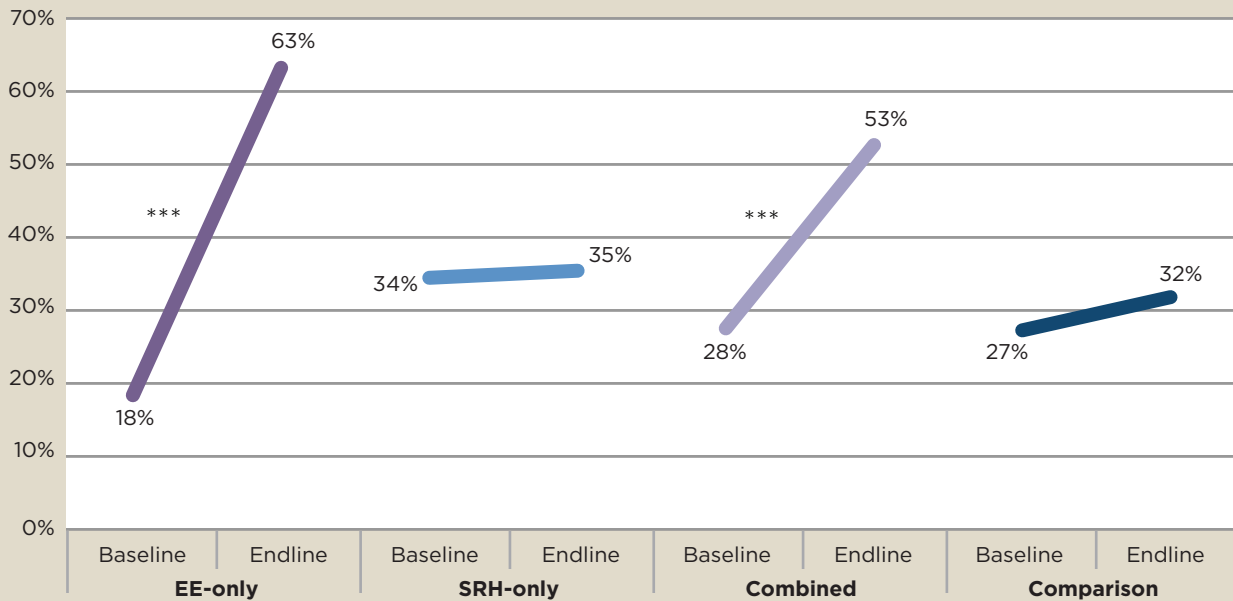
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#### Girls' savings behavior

Girls at the start of the program most often used their earnings to buy food, followed by purchasing other items for the home and clothing for themselves or their family. Saving their income played a minor role. While the general ordering of these priorities remained the same at the end of the program, a much greater proportion of girls who were working – more than one in five – reported saving their earnings for future health expenditures or to invest in income-generating activities. By the end of the program, the number of girls who had earned money said they saved some portion of their income was highest, at 28 percent, in the EE group, followed by 23 percent in the Combined arm, and 20 percent for the SRH group. Only 3 percent of girls in the Comparison group who had worked for pay reported saving any of their earnings.



**Figure 2 Difference between baseline and endline in savings for productive investments**



Note: \*\*\* denotes a statistically significant change over time at a p-value<0.001

This is noteworthy, as it reflects a real shift in behavior related to girls’ economic activities. While girls in the SRH group largely put money aside for non-productive uses, such as purchasing clothes and shoes, the behavior of those in the EE and Combined sets was more thoughtful. Girls in those groups – which provided financial training – showed far greater increases in their use of savings for productive investments, such as small businesses and agricultural supplies.

On average, the proportion of girls with savings of their own grew by 72 percentage points from a starting point of around 20 percent across all intervention groups, while increasing only 12 percentage points in the Comparison group. Even though girls in the SRH arm did not receive financial training, it appears that the dynamic group environment created by TESFA encouraged them to save money together, using a traditional approach called *ikub*. For these young wives who had long been shut away in the domestic sphere, simply being a part of a group spurred them to save money.

Finally, in contrast to the outcomes with savings, TESFA participants’ experience with taking personal loans increased most markedly in the two groups where this was a feature of the program, climbing 45 and 35 percentage points respectively in the EE

and Combined groups. This compares to only a 10 percentage point increase in the SRH group and 2 percentage point increase in the Comparison arm. This suggests that while traditional savings strategies like *ikub* can encourage married adolescent girls to save, they do a poorer job of increasing girls’ access to credit than programs where micro-lending is expected.



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### Control over economic decisions

In addition to improving married adolescent girls' economic participation, CARE and ICRW also wanted to understand whether the degree to which their control over their earnings, savings and loans shifted during the life of the TESFA program. In order to examine this, the change in control for those girls who were already involved in economic activities at the start of TESFA was evaluated. Generally, the data indicate across all arms a trend towards girls having greater input into economic decisions in their households. This was true except in the case of loans, where fewer girls felt that they should have sole control over how to use loans.

This sentiment was largely due to a greater proportion of girls sharing their loans with their husbands. The qualitative data showed this to be a reflection of girls' feeling generally more confident and intimate with their husbands, rather than a loss of autonomy. It's a shift that represented an important step forward for the young wives.

"Before the TESFA project, the only thing we could decide together was on having children in spacing and family planning issue," an EE participant said. "But now we are also discussing and deciding jointly on how to save or money or our other material properties, how to increase our income, for what things we should use our money and how to manage our home."

The picture was more mixed, though, in terms of girls' ability to access and manage household assets. They had the most direct control over less valuable property, such as chickens. Such control increased over the course of TESFA in the groups receiving economic training. However, having sole control over larger livestock either fell or didn't change. The qualitative findings suggest that this pattern again may reflect greater financial empowerment where collaborating with their husbands on decisions was more common.

## Evaluation Highlights: Sexual and Reproductive Health

### Sexual health and family planning knowledge

The girls who participated in TESFA had very little basic knowledge about birth control and sexually transmitted infections (STIs) at the start of the project. TESFA aimed to improve this aspect of their lives, as well as increase their access to contraceptives and health services, including those related to antenatal care – a critical need for child brides. And by the end of the program, a higher number of girls were able to identify the correct number of recommended antenatal visits, compared to when TESFA started.

While nearly all of the girls had heard of one or more contraceptive methods, such as IUDs, pills and male condoms prior to the intervention, this knowledge was largely superficial. Few knew specifically which methods were considered the least or most effective or the differences between various methods. By the end of the program however, a greater number of girls in the intervention groups were more likely to identify IUDs, pills, etc., as more effective at preventing pregnancy than traditional approaches. Additionally, the proportions of girls reporting that they felt confident they could correctly use a condom – a relatively rare practice in Amhara – increased by 6 percent in both the EE and Combined sets, and by 10 percent in the SRH group over the course of the project. There was virtually no change in knowledge in the Comparison group.

### Contraceptive use

The evaluation also documented a large and statistically significant rise in girls' use of modern family planning methods between the start and end of TESFA. The greatest change was in the SRH and Combined groups. For instance, in the former, 78 percent of the girls were using family planning by the end of the program, representing an increase of 27 percentage points and a change that was statistically greater than each of the other arms. This suggests that the SRH curriculum encouraged girls to seek out and continue to use family planning services at rates well above what might have been expected without the program.

Meanwhile, girls in the Combined arm increased their contraceptive use by 15 percentage points, which was greater than both the EE and Comparison groups. Although these gains were smaller than in the SRH arm, the qualitative data strongly indicated that the girls' participation in TESFA influenced how often they used



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health care services in all arms. Health extension workers in the area confirmed this, reporting that even the girls in the EE program felt more confident about seeking services. Additionally, through the program, married girls in Amhara became more visible and mobile, making it easier for health workers to approach and serve them.

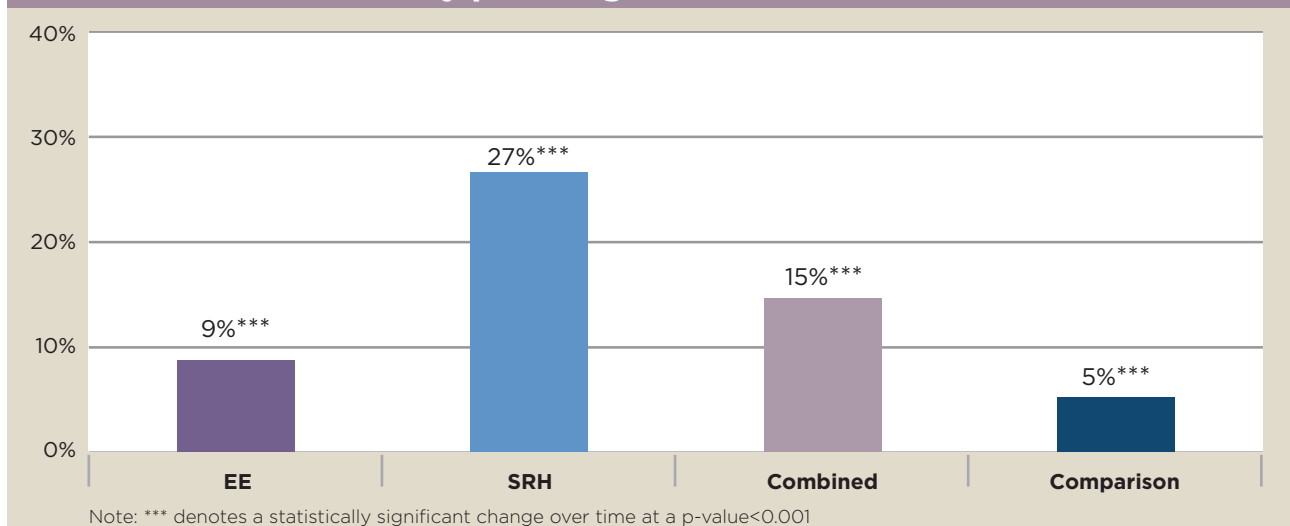
### Knowledge of sexually transmitted infections

Similar gains in terms of girls' understanding of STIs were documented, which was very superficial when the program launched. Nearly 60 percent of girls in the program were initially unable to name any way to avoid infection. This improved significantly across all groups over the course of the program, particularly in those that received specific SRH education. In these groups, a greater proportion indicated that they knew about STIs, could correctly name symptoms of various infections, and were able to identify condoms or abstinence as the most effective modes of protection.

Girls' newfound knowledge affected their behavior in various ways as well: By the end of the project, 70 percent of the girls in the SRH group and 60 and 65 percent of those in the EE and Combined groups respectively, had been tested for HIV, compared to around 50 percent at the onset of the project. Use of modern family planning methods also increased by 27 percentage points in the SRH group and 15 percentage points among girls the Combined group, far outstripping the relatively modest 5 percentage point gain in the comparison arm.



**Figure 3** Difference between baseline and endline in current use of modern family planning method



### Changing views of contraception

Critically, the educational opportunities provided through TESFA began to transform the environment where participating girls lived. Among the shifts documented was in how people – particularly girls’ husbands – viewed contraceptives. More husbands supported the idea of their wives using birth control than before the program, an outcome directly related to an element of TESFA that helped girls learn how to better communicate and negotiate with others. The skills they gained likely enabled them to talk to their husbands about family planning. The program’s gatekeepers also discussed the topic of contraception frequently in the community. People grew to understand, accept and even internalize the need for contraception and family planning. This even included priests, who began advocating for contraceptive use.

“Previously when we teach about contraceptive methods, there was some form of resistance from religious people,” a gatekeeper in the SRH group said. “But now when we teach them that it is also equally sin giving birth without plan and ability to feed properly and let the children starve, they have begun accepting our teaching.”

The sexual and reproductive health curriculum developed for TESFA also helped spotlight for the community the challenges of early childbearing, including how it can affect a family’s financial situation and the health implications for young mothers and their children. Although many community members were already aware of these issues, the curriculum was able to link their concerns to information about family planning.

Indeed, the evaluation found that the most common reason child brides, husbands and gatekeepers chose to use contraception was because they wanted to be financially stable. This link between economic insecurity and family planning was a persistent theme in all arms of the program.

### Decision-making and communication

Married adolescent girls in Amhara and around the globe often have little or no voice in household matters – let alone matters that impact their lives. Although young wives’ primary responsibilities center around managing the home and taking care of their children and husband, most have limited, if any, decision-making power around finances, income-generating activities or their own mobility.

CARE designed TESFA to empower girls to advocate for themselves in all realms, including in relation to their sexual and reproductive health. The program accomplished this by providing basic information about the topic, as well as through life skills education, which emphasized effective communication and negotiation skills.

Through various measures of empowerment, the evaluation documented an exceptional shift in girls' decision-making and communication around sexual and reproductive health issues over the life of the program. More of them discussed family planning with their husbands. More of them felt that their opinions were taken into consideration. And more girls were involved in decisions about whether or not to have a child. The improvements were significant in all arms.

"Yes, I and my husband discuss a lot about family planning and when to give birth," an SRH participant said.

"I already knew about contraceptive before TESFA. However, TESFA helped me to discuss about it more and know about contraceptive methods and birth spacing more."

While many other girls expressed similar experiences, we found that ultimately, husbands and family members still had the final say on family planning issues, as illustrated by this conversation with a participant in the Combined arm:

**Do you equally participate in decision-making on everything together?**

"Yes, I participate in decision-making. However, there are times where he wins. For instance, I did not want to have this baby. I always wanted to continue my education. Now he is convinced and I will resume my education after our child start walking."

**What would do you do if he says no?**

"I would agree with him."

**What if the husband does not allow a woman to take contraceptives?**

"It depends on the knowledge of the wife. If she is aware of many things, she would use contraceptive [and hide it] from him."



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## Moving Forward

Overall, ICRW's evaluation findings demonstrate that the lives of married adolescent girls were greatly enhanced by girls' participation in TESFA, particularly those involved in the SRH group. Large and significant improvements in communication among couples, in the girls' mental health and in the community's support for the girls were documented – each of which affects young wives' health and economic behavior.

TESFA's presence in communities also yielded a few unexpected outcomes. Among them, husbands took on responsibilities traditionally reserved for wives, including childcare and cooking. Some girls returned to school to continue their education. And most notably, community members in the TESFA intervention area prevented more than 70 child marriages from taking place. Although this was most certainly not a goal of the program, this particular aftereffect provides promising evidence that TESFA's messages about the consequences of child marriage resonated with communities.

In terms of the evaluation's key research question, the evaluation produced little evidence indicating that combining economic empowerment and sexual and reproductive health programming results in even better outcomes than when offering these curricula separately. While the improvements in the economic outcomes were similar across the project groups, there was no area where the Combined arm consistently outperformed the EE group. This was also true when examining the SRH outcomes.

However, the Combined arm generally experienced changes in both the EE and SRH dimensions that were greater than the Comparison group and than arms that received solely one type of intervention. This suggests that while there is no evidence of a synergistic effect, girls receiving the Combined package may have experienced the greatest overall gains from program participation, benefiting significantly in terms of both economic and health outcomes.

Overall, the results from the evaluation provide a deeper understanding of the needs of married adolescent girls. However we have much more to learn, including how to:

- Best reach the most marginalized of girls, including those who are divorced or widowed.
- Better meet the economic needs of married girls.
- More effectively work with couples, rather than individuals, to improve the lives of married girls.
- Assess the long-term effects of interventions targeting child brides and how integrated programming can best work on their behalf.

Now more than ever is the time to take on these challenges. As the international community commemorates the 20th anniversaries of the historic Cairo and Beijing conferences and establishes a new post-2015 development framework, we must make certain that adolescent girls receive more attention. It is imperative that they – and their peers at risk of child marriage – are included and targeted in the future global development agenda. Finally, it is critical that programs and national policies ensure that all adolescents – including married and unmarried girls and boys – have access to high quality sexual and reproductive information and services, including family planning.



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