

Delaying early marriage among disadvantaged rural girls in Amhara, Ethiopia, through social support, education, and community awareness

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Ethiopia has extremely high rates of child marriage, particularly in rural areas, and an HIV epidemic that disproportionately affects females. With 44 percent of Ethiopia's population younger than 15, public health interest in youth has given rise to a number of programs for adolescents. These programs are located largely in urban areas and target adolescents who attend school, older adolescent boys and young men, and unmarried adolescents living with their parents. Most programs overlook the vast majority of youth (85 percent) living in rural areas and key categories of vulnerable girls—girls who are out of school, girls at risk of child marriage, and girls who are already married (Erulkar et al 2004; MOFED 2005).

In the rural Amhara region, 50 percent of girls are married by age 15 and 80 percent are married by age 18 (Erulkar et al. 2010). Child marriage or early marriage, defined as marriage before the age of 18, is considered a violation according to many international and national standards, and is illegal in Ethiopia. Article 7 of the Revised Family Code of Ethiopia states that the legal age of marriage is 18 for both men and women. Marriage at a young age limits a girl's opportunities for schooling, skills acquisition, and personal development (Mensch et al. 1998). It also increases the risk of early childbearing, which is associated with adverse health consequences such as maternal mortality, anemia, obstetric complications, and other adverse birth outcomes (Makinson 1985; Adhikari 2003; Haberland et al. 2005; Nour 2006).

To better understand the lives of married adolescents in rural Ethiopia, including their social assets, schooling, and the role of marriage, researchers conducted a survey of more than 1,800 adolescents in the Amhara Region (Erulkar et al. 2004). Based on the findings of this study, in 2004 the Amhara Regional Bureau of Youth and Sports and



the Population Council created the *Berhane Hewan* project to assist both married and unmarried girls. The goal of *Berhane Hewan*, which means “Light for Eve” in Amharic, is to establish appropriate and effec-

tive mechanisms to protect girls at risk of early marriage and to support adolescent girls who are already married. The *Berhane Hewan* program includes four components: (1) group formation by adult female mentors, including groups for married girls; (2) support for girls to remain in school through provision of basic school supplies, as well as support for elective participation in nonformal education (basic literacy and numeracy); (3) “community conversations,” to engage the community of key issues, such as early marriage, and in collective problem solving; and (4) provision of an incentive or conditional cash transfer for families that kept girls unmarried and in school.

Between 2004 and 2006, a quasi-experimental intervention was conducted by the Population Council in the rural Amhara region, to compare outcomes between girls living in the program area of Mosebo Village and those residing in the control area of Enamirt Village. An evaluation of the intervention provides evidence that early marriage can be prevented through a program that simultaneously addresses the economic and social factors that promote early marriage and increases girls’ access to schooling (Erulkar and Muthengi 2009).

Improvements in formal and nonformal education

Findings from the evaluation of *Berhane Hewan* show increased opportunities for married and unmarried girls to receive formal and nonformal education. Girls who were still in school or those who wanted to rejoin formal classes were supported in continuing their education. Girls were provided with basic school materials, such as exercise books, pens, and pencils. Though the supply was modest—only about \$4 in supplies per girl per year—this was the level of support many poor rural families needed to keep their girls in school. Nonformal education, (including basic literacy

and numeracy lessons), was also offered to girls who did not want to return to formal classes or who had never received formal schooling.

A significant improvement in school attendance and literacy levels was observed in the project area among girls between the ages of 10 and 14. Girls in the project area of Mosebo Village were more likely to begin formal schooling and to be enrolled in school at the end of the intervention. The proportion of girls attending school was slightly higher in the control area of Enamirt Village before the intervention (70 percent project versus 78 percent control), but by the end of the intervention, girls in Mosebo were significantly more likely to be in school (96 percent project versus 89 percent control) (see Figure 1). Although girls in the project area were more likely to be illiterate before the intervention (45 percent project versus 28 percent control), levels were similar in both the project and the control area at the end of the program (21 percent project versus 19 percent control).

Increased social support and reproductive health knowledge

Eligible girls between the ages of 10 and 19 were recruited by program mentors and organized into groups of approximately 15-20 married or unmarried girls. Married girls met once a week as a result of time constraints, whereas unmarried girls met five days a week. During group meetings, girls learned about reproductive health, accessing family planning services, and livelihood skills such as agricultural techniques, poultry rearing, and construction of household items. In addition, girls who wanted to practice family planning were provided with a clinic card for a local government facility (family planning services and supplies are free at government facilities, and the cost of a clinic card—20 birr, about US\$2.20—was supported by the project).

Evaluation results indicate that the program was instrumental in expanding social networks for girls in the program area of Mosebo. At the beginning of the program, only 30 percent of girls in the project area reported having a nonfamilial best friend, compared with 48 percent of girls in the control area. By the end of the program, however, about one-half of the girls in both areas had a nonfamilial best friend. The proportion of girls who reported talking to their closest friends about various reproductive health topics was either lower or similar in the project area compared with the control area before the intervention. At the end of the program, girls in the project area were more likely to talk to their friends about family planning, problems in their marriage, and sexually transmitted infections. Reproductive health lessons during group meetings contributed to a significant increase in reproductive health knowledge and use of contraceptives. At the end of the program, almost three-fourths of sexually active adolescent girls in the project area had ever used a contraceptive method, compared with less than half of girls in the control area.

Figure 1 School attendance before and after the pilot project

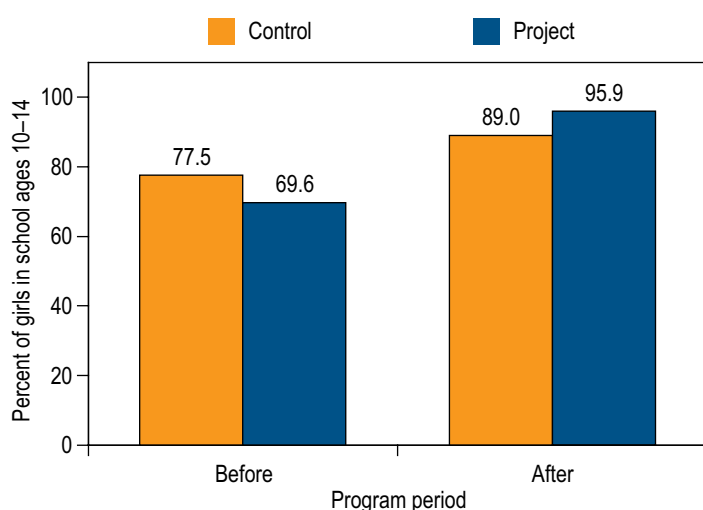
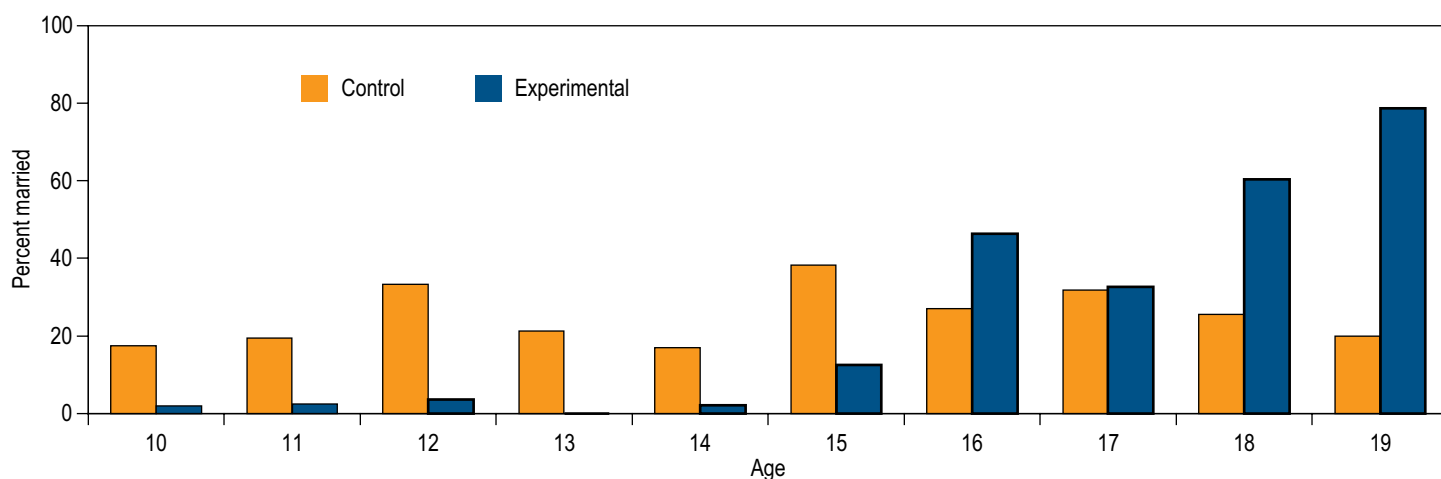


Figure 2 Age of first marriage by area of residence, measured at endline



Delaying the age of marriage

Two additional program components were directly targeted at delaying the age of marriage: community conversations and economic incentives. Neighborhood meetings were held every two weeks at five sites in the program area, reaching about 70 community members. Four trained facilitators led discussions about early marriage and other harmful traditional practices, and about matters affecting young women and girls. This participatory dialogue technique allowed participants to explore problems jointly and devise solutions. After several months of discussion, participants decided on specific collective actions (such as not to marry girls early), formed subcommittees, and attempted to influence their community members to adopt the same resolutions.

Economic incentives were offered to parents and guardians of girls who participated in the program. They were promised a goat worth about 180 birr (US\$20) at the end of the program (presented jointly to a girl and her family) if their daughters attended at least 80 percent of group sessions or school sessions and if they pledged not to marry off their daughters during the two-year program period.

Results indicate that the program was successful in delaying the age of marriage among young girls, but not among older girls. Before the program period, there was no significant difference between the proportions of girls who had ever been married in the project and control areas (10 percent versus 14 percent, respectively). At the end of the program, girls between the ages of 10 and 14 were less likely to be married in the project area (2 percent) compared with those in the control area 22 percent. Among 15–19-year-old girls, the proportion of ever-married girls was similar in both areas before the program, but higher in the project area after the intervention. Considering the short intervention period, the trend shown in Figure 2 seems to reflect the delay in the age of marriage

into later adolescence; fewer girls were married before age 15, and more girls were married between ages 16 and 19.

The success of *Berhane Hewan*

Delaying the age of marriage in adolescence provides girls with more critical years in which to learn skills and develop as individuals. Participation in the *Berhane Hewan* pilot project in rural Ethiopia improved the lives of young girls by helping them to stay in school or learn to read, strengthening their social networks, increasing their reproductive health knowledge, increasing their contraceptive use, and delaying their age of marriage. The success of this program provides a model for similar programs in Ethiopia and other rural settings where a large number of girls are married before they are 15 and do not attend school. Policymakers and program managers who implement such programs should:

- address the economic motivations for early marriage by providing incentives for delayed marriage;
- invest in education by increasing girls' opportunities for formal and informal education;
- develop support programs to combat the isolation of married and unmarried adolescent girls;
- provide adolescents with access to family planning services and reproductive health information; and
- raise awareness among community members about the dangers of early marriage and other harmful traditional practices that affect adolescent girls.

Programs such as *Berhane Hewan* can provide girls with alternatives to marriage through education by simultaneously addressing economic and social factors that promote early marriage.

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