



Year 9 | Impact Evaluation Fact Sheet

Findings from Rangpur, Bangladesh, 2019–2021

Background

Bangladesh reports the fourth highest prevalence of child marriage (CM) globally, and the highest in South Asia, with 59% of the women aged 20–24 reported being married before the age of 18 and 19% before the age 15¹. Globally, reducing CM poses a great challenge to policy makers, program developers and implementers. Historically, the pace of reduction in CM has been quite slow with Bangladesh as the slowest among the South Asian countries², and recently the rate has stalled³. The International Center for Diarrheal Research, Bangladesh (icddr,b) evaluated The Tipping Point Initiative (TPI), an integrated social norms intervention to reduce CM through promotion of adolescent girls' agency, creation of supporting relations and transforming norms driving CM. This brief summarizes, to the best of our knowledge, the first study of its kind in Bangladesh and the implications for both policy and practice.

The CARE Tipping Point Initiative (TPI)

CARE developed two holistic implementation packages, Tipping Point Program (TPP) and Tipping Point Program Plus (TPP+), following a multi-year phase of formative research, exploration, and community-action research to ensure that the packages were well tailored to address the root causes of CM in these specific communities of Rangpur, Bangladesh. Both the intervention packages included a core set of interventions seeking to change girls', boys' and parents' behaviors and attitudes related to CM, while the TPP+ included an additional set of emphasized social norms change activities to support an enabling environment for community-level change. Adolescent girls and boys, parents of adolescent girls and boys, community members, religious leaders and relevant local government officials were included as intervention participants. The TPP and TPP+ intervention packages were planned to be implemented and tested for 18 months, however, eventually implemented for 17 months with a three months suspension in between, due to COVID-19 induced lockdown. This was achieved by merging a few sessions and conducting selective sessions virtually and with shorter durations, resulting in 40 sessions with adolescent girls instead of originally planned 45. On an average, the girls received 28 and 29 group sessions respectively in TPP and TPP+ arms.

Methods

TPI was implemented in 51 selected villages (17 per arm), in purposively selected *Pirgacha upazila* (sub-district) in Rangpur district in Bangladesh. The evaluation employed a mixed-method, three-arm (TPP, TPP+ and control) Cluster Randomized Controlled Trial (CRCT) design. The impact of TPI on the primary outcome, i.e., CM and the secondary outcomes except social norm, while social norm was measured among the community members. A cohort of 25 randomly selected unmarried adolescent girls aged 12-16 years in each cluster was established, interviewed at baseline, provided with the intervention in the intervention clusters, and interviewed at endline. Randomly selected cross-sectional samples of adult female and male community members aged 25 or more were interviewed at baseline and endline surveys. Baseline data were collected during February-April 2019 and endline data were collected during November-December 2021. The TPI qualitative evaluation was conducted in two purposively selected villages from each of TPP and TPP+ arms during the same time frames. The qualitative sample size included four Key Informant Interviews; 10 In-depth Interviews with unmarried adolescent girls and five with unmarried adolescent boys; two Focus Group Discussions (FGD) with unmarried adolescent girls and two with boys; two FGDs with adult community females and two with adult community males from each arm.

Key Findings and Results

Marriage

In face of implementation challenges, TPP+ intervention reduced the hazards of child marriage by 63% among girls who attended 36-40 sessions (out of a potential total of 40 sessions). The magnitude of effect is indeed quite large and not achieved in any previous intervention in Bangladesh or elsewhere.

Agency Related Outcomes

INTRINSIC AGENCY

The mean score of self-efficacy significantly increased among TPP+ participants who received 36-40 sessions ($\beta=0.96$; 95% CI: 0.11, 1.85), compared to those who did not receive any session. This was measured by asking a girl how confident she is in achieving life goals in education, healthcare, mobility, marriage, and income earning.

The TPP+ intervention also significantly increased girls' knowledge regarding sexual and reproductive health ($\beta= 0.61$; 95% CI: 0.20, 1.02) and girls' participation in financial activities ($\beta=0.26$; 95% CI: 0.001, 0.53) compared to the control arm.

Finally, girls' confidence in negotiation skills increased significantly among the girls who received 36-40 sessions in TPP+ arm compared to those who did not receive any session ($\beta=0.43$; 95% CI: 0.08, 0.78).

INSTRUMENTAL AGENCY

Positive attitudes regarding gender roles significantly increased among the girls who had high attendance (i.e. 31-35 sessions in TPP and 36-40 sessions in TPP and TPP+ arms). Girls' endorsement of control over girls by family members and justification of girl-beating were significantly reduced among the girls who received 36-40 sessions in TPP+ arm compared to those who did not receive any session.

Girls' mobility significantly increased over time across all arms – even in the control arm and even in the midst of COVID-19 lockdowns, but the mean score of girls' mobility only increased significantly among the girls who received 36-40 sessions in TPP+ arm ($\beta= 0.61$; 95% CI: 0.098, 1.12) compared to those who did not receive any session.

COLLECTIVE AGENCY

This study measured girls' cohesion, solidarity, and mobilization skills among them. The regression results did not show any significant impact of TP in increasing collective efficacy among girls, and the qualitative data suggested that barriers like parents' disapproval and strong sanctions from community members, along with consideration of poverty and corruption, which facilitate child marriage discouraged most adolescent girls to raise a collective voice against it. All adult informants unanimously stated that any initiative to stop child marriage faced strong resistance from the parents. That said, a few instances of collective action to stop CM by TPI girls and boys were cited in the villages covered by the qualitative study, so the norms and behaviors related to girls' collective action went from non-existent at baseline to uncommon but more accepted at endline.

Social Norms Outcomes

TPP intervention contributed significantly to positive changes in social norms around girls' mobility, while the emphasized social norms component (TPP+) contributed significantly to positive changes in social norms around decision making regarding girls' marriage. However, no significant contribution of either arm was detected compared to the control arm in changing social norms around girls' riding and playing in the village, and collective action for girls' rights.



Implications and Conclusion

Summarizing the findings, we can say that in a context similar to Pirgacha, Bangladesh, affected by a pandemic such as COVID-19, only 36-40 sessions of a TPP+ intervention will be able to reduce the hazards of child marriage by 63%. The fact that the Tipping Point model was effective despite implementation challenges leaves us to ponder whether an optimal implementation of the program could achieve an effect at a lower threshold level than 36 sessions. If we compare the TPP+ effect size with those reported in the recent review of effective interventions to reduce CM worldwide⁴, it becomes evident that the TPP+ effect far exceeds any other intervention effects worldwide.

TPP+, a social norm-based intervention with a girls' movement building component is much more effective than any previous intervention in reducing CM among girls. Moving forward, it is important to integrate from the very outset a cost analysis component in such intervention evaluations for enhancing decision making regarding value for money. It is also essential to assess sustainability of effective interventions such as TPP+ beyond the eight-month freeze period instituted in this study.

Finally, as pointed out by multiple norms researchers, lack of understanding of social norms and how to change them effectively impede the development of effective and sustainable CM prevention programs. At this backdrop, our findings, particularly from TPP+ intervention are very encouraging and demand attention of the program implementers, policy makers and researchers devoted to elimination of child marriage. These findings suggest conceptualization of female empowerment as requiring not only individual empowerment/achievement, but also societal and systemic change. These findings have implications not only for Bangladesh, but also for this region and the beyond.

For more information, contact tippingpoint@care.org

ENDNOTES

- 1 UNFPA, *State of World Population Report: Unfinished business- the pursuit of rights and choices for all*. 2019.
- 2 Raj A, McDougal L, Rusch MLA. Changes in Prevalence of Girl Child Marriage in South Asia. *JAMA*. 2012;307(19):2027-2029. doi:10.1001/jama.2012.3497
- 3 NIPOORT, Mitra and Associates & ICF International, 2016; NIPOORT & ICF, 2020).
- 4 Malhotra, A. and S. Elnakib, *20 years of the evidence base on what works to prevent child marriage: A systematic review*. *Journal of Adolescent Health*, 2021. **68**(5): p. 847-862.

We found a counter-intuitive result in terms of girls' connectedness with parents. Girls' connectedness with parents significantly reduced in overall TPP intervention and among the girls who received 31-35 sessions in the TPP and TPP+ intervention. However, the qualitative results show that while social norms regarding CM have not changed, it has become more acceptable to allow girls to express their opinion about the groom in conversation with their parents. After participating in group sessions, some families allowed girls to express their aspirations not only about the groom, but also about timing of marriage. Some families were also found to be supportive of the girl's desire to continue education by delaying marriage.

Our qualitative findings show a surge in mobile phone communication by adolescent girls and development of actual or presumed romantic relationship in the intervention arms. This heightened the pressure on the parents to marry off the girls for protecting family honor, reinforcing the baseline findings that controlling girls' sexuality (via their communication with boys) was of prime importance. In these areas, Tipping Point was not effective in shifting norms related to girls talking to a boy and the deeply-rooted norms related to family honor.

Girls and mothers pointed out that unity among all villagers is the most important factor in preventing child marriage. According to them, the ground is not yet ready for the girls to bring about this unity all by themselves. They actually need support from forces like Tipping Point in this endeavor, further emphasizing the needs for norms shifting strategies that engage men and boys and foster community-level change instead of focusing on individual girls.