

CARE® TIPPING POINT

Understanding the Impact of Addressing Root Causes of Child Marriage



Impact Evaluation Findings from the Tipping Point Initiative in Bangladesh and Nepal

Since 2013, the Tipping Point Initiative has been building evidence of what works to address child, early and forced marriage (CEFM). Our research with girls and their communities identified the social norms and expectations which stood in the way of girls achieving their goals; we then tested how community-led programming can most effectively transform harmful norms and build the agency and collective efficacy of girls to demand their rights and prevent child marriage.

This summary presents the major findings from a mixed methods impact evaluation study conducted in Bangladesh (Rangpur district) and Nepal (Rupandehi and Kapilvastu Districts) in 2021. This impact evaluation was coordinated by CARE and led by its research partners, International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) in Bangladesh and Emory University with Interdisciplinary Analysts (IDA) in Nepal.

This study aimed to assess Tipping Point's contribution to increasing adolescent girls' agency, shifting relationships to be more supportive of girls' rights, weakening norms that drive child marriage, and ultimately reducing the incidence of CEFM in these settings. We compared the results of gender-transformative social norms heavy adolescent empowerment intervention, known as TPP+, to a multi-component intervention that addressed girls', boys' and parents' individual knowledge and attitudes (known as TPP), and a control that received no intervention.

For more information on the program design, adaptations made due to the COVID-19 pandemic, and both technical briefs and manuals for the gender-transformative methodologies used, please see our [Program Resources](#).

What changed?

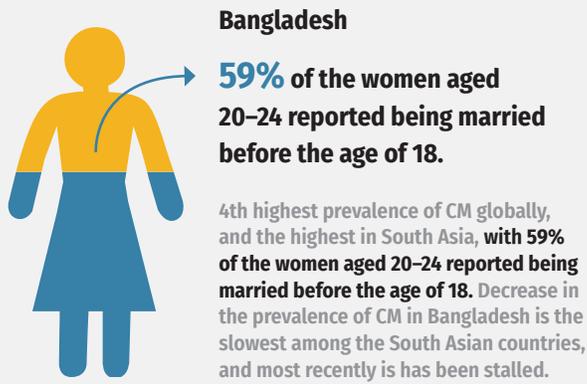
Tipping Point's social norms heavy approach reduced the risk child marriage by 63% for girls who heavily participated in Bangladesh. In Nepal, child marriage nearly stopped in all areas, but girls gained sexual and reproductive health knowledge and significant increases in communication and negotiation with parents, and participation in decision-making – all known factors in protecting girls against CEFM.

What did we learn?

Tipping Point's social norms approach reduced risk of child marriage by increasing positive attitudes regarding gender roles, girls' mobility, confidence in negotiation, and their endorsement of justifications of girl-beating.

Additional investment in social norms shifting strategies produces a larger impact on girls' risk of child marriage compared to a multi-component approach that focuses on girls' attitudes and behaviors or no intervention at all.

Key Stats on Context



Tipping Point Program Design

In Phase 2 (2017-2020) of the three-phase initiative, Tipping Point used the findings from Phase 1’s [Community Participatory Analysis](#) and community-led solutions to develop a holistic and replicable implementation package. Tipping Point staff and local implementing partners (in Nepal: Siddhartha Samuyadayik Samaj, and [Dalit Social Development Center](#); and in Bangladesh: [Jaintia Shinnomul Songstha](#), [Gram Bikash Kendra](#); [Association of Slum Dwellers](#)) engaged different participant groups (girls, boys, parents, community leaders) around key programmatic topics, and created public spaces for all community members to be part of the dialogue. Tipping Point’s approach is rooted in challenging social expectations and repressive norms and promoting movements and activism led by girls. These components are designed to help adolescent girls find places where they can reflect on and tackle inequality, and then take collective action on those issues.

Figure 1 below displays both TPP – all components in black writing, or the “light” package that focused on girls’ attitudes and behaviors, and TPP+, all components in black *plus* activities in orange, thus including additional norms shifting strategies.

Figure 1. Tipping Point Phase 2 Program Implementation Package

PARTICIPANTS' GROUPS		SESSIONS	CORE SESSIONS/TRAININGS	GIRL-LED ACTIVITIES	JOINT SESSIONS	
CORE PARTICIPANTS' GROUPS	Adolescent GIRLS	Weekly 45 sessions	Social norms [all participant groups]: equity and equality; rights and duties; gender; patriarchy; power and privileges; puberty; sex and love; honor; GBV; child marriage.	6 Community level social norms activities Organized and lead by adolescent girls' groups on following themes: Mobility Menstruation Gender Division of Labor Dowry Family Honor/ Sexual Harassment Girls Aspirations	6 Intergroup Dialogues Facilitated dialogues between core participant groups in the following combinations: Adolescent Girls with Boys Adolescent Girls with Mothers Mothers with Fathers Adolescent Girls, Adolescent Boys, Mothers, and Fathers	
	Adolescent BOYS	Weekly 45 sessions	Access to Alternatives [girls' groups only]: financial literacy and girls from the group who are interested participate in Village Savings and Loans Association (VSLA) (starting in the 7 th month). ASRHR [all core participants' groups]: menstruation; masculinities; female sexuality; contraception; HIV/AIDs.			
	MOTHERS Group	Monthly 18 sessions	Girls-centered movement building [girls' groups only]: (starting in the 7 th month): leadership; empowerment dialogues; collective action; civic participation.	4 Activist-led activities Created, organized, and lead by network of activist girls The network of girl leaders elected across villages will organize and execute 4 activities of their own choice in each of their communities, using their own budget.	DURATION = 18 months CORE FACILITATION APPROACHES A mix of facilitation approaches designed to maximize empowerment, critical thinking and action [didactic, participatory teaching, reflective analysis, and facilitation for action].	
	FATHERS Group	Monthly 18 sessions	Activist training [select champion boys, fathers, mothers]: (starting in the 7 th month): trainings and meetings to support adolescent girls' activism. Activist training [select girl leaders]: girl leaders receive training on campaigning and activism, linked to other girls groups & networks, and given access to a budget and mentorship to execute 4 community level activities.			
OTHER PARTICIPANTS	RELIGIOUS LEADERS LOCAL GOVERNMENT (Union Parishads) INFLUENTIAL PEOPLE	Intensive Trainings* Follow-up Meetings*	Activist training [select girl leaders]: girl leaders receive training on campaigning and activism, linked to other girls groups & networks, and given access to a budget and mentorship to execute 4 community level activities.			
PROJECT STAFF CORE CAPACITIES			Gender Equity and Diversity (GED) Social Analysis and Action (SAA)	VSLA Social Norms		Participatory and Reflective Techniques Movement Building

■ Indicates components that are part of the full package and are not present in the light package

Key Stats on Implementation

Bangladesh	51 villages in Pirgacha, Rangpur
Girls	1,280
Boys	828
Mothers	850
Fathers	858
Community Leaders	96
Total Participants	Direct reach: 10,774 Indirect reach: 23,962

Nepal	36 villages in Kapilvastu and Rupandehi
Girls	953
Boys	931
Mothers	902
Fathers	793
Community Leaders	264
Total Participants	Direct reach: 3,843 Indirect reach: 10,000

Defining our norms approach

Before designing the activities listed above and noted in Figure 1 as “full package” or TPP+, Tipping Point relied heavily on formative research to both understand and then prioritize the contextually specific norms to address within each program component. Thus, we were able to infuse each component with norms shifting strategies. For example, when discussing menstrual hygiene, Tipping Point facilitators did much more than deliver key messages and information. Through games, quizzes and reflective dialogue, Tipping Point brought mothers and daughters together for discussing normative barriers to practicing menstrual hygiene and worked with boys and girls to make menstrual pads. Going beyond norms integration, additional components were specifically built to foster community-level changes. The [Learning Communities on the Move \(LCOM\)](#) model for girl-led activism and norms shifting, developed in partnership with the [EMPower Foundation](#), followed CARE’s Social Norms Design Principles and identified girl champions, supported them with training and mentorship, mapped their allies, and made the new norm visible through girls’ leadership at each stage of the planning and execution process.



Study Design and Methods

Tipping Point's outcomes of interest

The study was designed to assess the following based on our [Phase 2 Results Framework](#) which reflects our understanding that changes in agency, relations and structures are required to achieve gender transformative change for girls and their communities:

Primary Impact of Interest: % of married and unmarried adolescent boys and girls¹

Additional Change Domains of Interest : Study design

Additional outcomes of interested aligned with CARE's Gender Equality Framework

AGENCY

- Adolescents' intrinsic agency, also known as adolescents' self-efficacy – including personal assets like knowledge and confidence in seeking sexual and reproductive health services
- Adolescents' instrumental agency - such as mobility, confidence in communicating, negotiating, and raising their demands to the power holders
- Collective agency of adolescent girls



RELATIONS

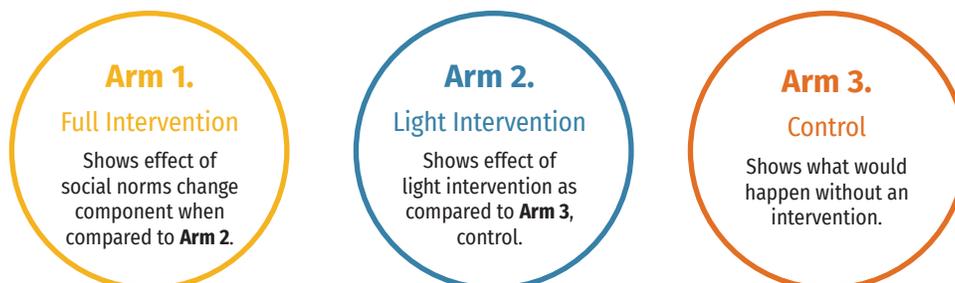
- Gender attitudes among adolescent boys and parents of adolescent girls

STRUCTURES

- Social norms and expectations

[Tipping Point's impact evaluation](#) used a three-armed cluster randomized control trial (C-RCT) to assess the impacts of the TPP and TPP+, relative to no program, on the primary impact and the secondary outcomes above.

One arm received the core Tipping Point Program (TPP) model that focused mostly on individual behavior and attitudes change, a second arm received a social norms heavy model that added multiple norms shifting strategies, known as TPP+, and the third arm of the study served as the control. The study took a multi-staged sampling approach, randomly assigning clusters (villages in Bangladesh and wards in Nepal) to study arms. An enumeration of households was conducted across study arms which provided data on sample eligibility. This sampling frame was used at baseline to select and enroll unmarried adolescent girls (12-16 years of age), community members, and adolescent boys in Nepal, into the study. These same individuals were re-surveyed at endline 28 months after the baseline survey.² The study time period included the 20-month period of programming and the eight-month freeze period after programming and before follow-up to understand the sustainability of results.



¹ "Adolescent girl" refers to girls aged 12 to under-16 in Bangladesh at the time of baseline, and girls aged 12- under 17 in Nepal. Endline was conducted 12 months after the end of the 18 month intervention; therefore the girls will be approximately 2.5 years older. Therefore data from endline was gathered from girls aged 14.5 to under-18.5. In Nepal, at endline "adolescent girls" refers to girls aged 14.5 to 19.5

² UNICEF reports Nepali boys are among the most likely in the world to be child groomers. More than one in ten is married before they reach 18. Thus, Tipping Point's strategies in Nepal were specifically aimed to reduce child marriage and increase protective factors among boys in addition to girls.

Norms measurement

The existence and strength of norms related to CEFM were assessed quantitatively and qualitatively using [CARE's Social Norms Analysis Plot \(SNAP\) framework](#), focusing specifically on assessing the social norms at the root of child marriage practices that were identified by Phase 1's [Community Participatory Analysis](#) in Nepal and Bangladesh. These priority norms included **girls' participation in decision-making around marriage, girls' ability to move in and around the village, play sports, ride bicycles, talk to adolescent boys and engage in collective action**. To qualitatively assess the constructs around these social norms, focus group discussions were conducted with a sub-sample of adolescents and adults and in-depth interviews were conducted with a sub-sample of adolescents and key community leaders. To qualitatively assess the constructs around these social norms, focus group discussions were conducted with a sub-sample of adolescents and parents and in-depth interviews were conducted with a sub-sample of adolescents and key community leaders.

KEY RESOURCE FOR TIPPING POINT'S EVALUATION DESIGN AND METHODS



- [Tipping Point Adolescent Empowerment Index](#) - developed in collaboration with Bangladesh's International Centre for Diarrheal Disease Research (icddr,b) and validated during the baseline study, this index aimed to strengthen and standardize the measurement of various components of adolescent empowerment in our programs. It provides a gender transformative and adolescent-specific lens to measure CARE's Gender Equality Framework components (agency, relations and structures).



- Yount et al. (2021). [Impact evaluation of the Care Tipping Point Initiative in Nepal: study protocol for a mixed-methods cluster randomised controlled trial](#).



- Parvin K, Talukder A, Mamun MA, Kalra S, Larrera A, Naved RT; [Tipping Point Initiative study team. A cluster randomized controlled trial for measuring the impact of a social norm intervention addressing child marriage in Pargacha in Rangpur district of Bangladesh: study protocol for evaluation of the Tipping Point Initiative](#). Glob Health Action. 2022 Dec 31.

Results from Nepal and Bangladesh

While not exhaustive, the following categories of results represent all components of the Phase 2 results framework as well as present impact in the categories explored in the [Executive Summary of Baseline Findings](#) to provide a global narrative, over time to Tipping Point's impact.

Rates of child marriage

Nepal

In Nepal, at follow-up, **less than 4% of surveyed girls were married, including in the control arm.** There was no effect of TPP+ or TPP on the risk of marriage among girls; this is most likely due to the overall low rate of marriage in the cohort, meaning that marriage rates fell across all areas in the study and so it was not possible to understand the impact of Tipping Point on a practice that was so rare when the endline evaluation data was collected. The very low rate of child marriage found at endline was surprising, given high estimated rates of child marriage in the study districts, based on the census of households conducted shortly before the baseline survey.¹ Another reason for the lower rate of child marriage in the study participants at endline may have been the inclusion of unmarried adolescent girls 15-16 years at baseline, since these girls had already 'survived' the risk of very early child marriage before the project began, i.e. they were much less likely to marry during the study period.

Bangladesh

In Bangladesh, the TPP+ intervention **reduced the hazards of child marriage by 63%** among girls who attended 36-40 sessions. However, there was no impact on the risk of child marriage when comparing the overall sample to the control arm. **The magnitude of effect is indeed quite large and not achieved in any previous intervention to reduce CEFM in Bangladesh or elsewhere.** If we turn our attention to how TPP+ achieved this effect, we see that TPP+ intervention positively changed some indicators that, according to the [Phase 2 Theory of Change](#), are key to achieving a reduction in CM. These include significant reductions in endorsement of control exerted by family over girls, and justification of girl-beating; and significant increases in girls' positive attitudes regarding gender roles, knowledge on SRH, mobility, confidence in negotiation skills, and self-efficacy. Each of these are discussed in the following sections.

"We will not let our daughters suffer from the diseases which our mothers as well as we suffered. We have to try..."

Mother, Bangladesh

Girls' agency and aspirations

Below are results on self-efficacy and individual agency, broadly meaning girls' knowledge on key subjects – like sexual and reproductive health, and their confidence to do things – like seek out health services, and their skills – to advocate for themselves, to speak up on issues important to them, and how to use money.

Nepal

There were improvements in all arms and in many outcomes, but TPP+ significantly increased SRH knowledge (by 22%) and girls' participation in a group when compared to the control arm when adjusting for potential confounders like age, literacy, grades completed, household religion, caste, other (non-TPI) empowerment organizations attended.

For measures of individual assets and intrinsic agency, mean scores for girls' sexual and reproductive health (SRH) knowledge, SRH attitudes, gender attitudes, and self-efficacy all increased significantly. When compared to the control, TPP+ showed impact on aspirations about marriage and education, though this was not statistically significant due to the wide variation in girls' scores. Even in the midst of poverty, which did dampen program effects on multiple outcomes, the analysis showed significant *positive* effects of TPP+ versus control on a girl's aspirations for education and marriage even in communities below the community average household poverty level.

For measures of instrumental agency, significant increases were observed in mean scores for girls' mobility and freedom of movement, communication and negotiation with parents, and participation in decision-making; otherwise, leadership competence and participation in financial activity did not change over the study period. This finding tends to contradict the below findings related to increased collective efficacy in the TPP+ arm compared to the control.

The increases in agency described above were limited primarily to older adolescents, who at baseline, already reported to aspire to marry at a later age and pursue education and paid work before marriage. These existing aspirations, coupled with support from the girls' parents suggest these girls were well-placed to benefit from Tipping Point, and in particular the interventions aimed at agency-building.

These aspirations in combination with their parents' support suggests that avoiding marriage and making gains in agency was likely among this group as they were well-placed to receive benefits from Tipping Point.

Table 1 below includes analysis of the net effect of the TPP and TPP+ arms of implementation (and research) in comparison to the control group (no intervention). When looking at participation in the interventions within TPP+, the net effect on the domains of SRH, SRH attitudes, and aspirations about marriage is higher (more positive) than TPP when compared to the control.

TABLE 1. NEPAL: RESULTS FROM DIFFERENCE-IN-DIFFERENCES MODELS FOR THE EFFECTS OF ASSIGNMENT TO THE CARE TIPPING POINT PROGRAM (TPP) ON SECONDARY AGENCY-RELATED OUTCOMES COMPARED TO CONTROL

(95% confidence interval)	SRH Knowledge	SRH Attitudes	Gender Roles	Aspirations about Marriage, Education	Self-Efficacy
TPP+	.71 (.05, 1.37)*	1.31 (-.41, 3.04)	.59 (-1.13, 2.31)	.21 (-.52, .94)	-.20 (-2.09, 1.69)

Bangladesh

The mean score of self-efficacy significantly increased among TPP+ participants who received 36-40 sessions compared to those who did not receive any session. The TPP+ arm significantly increased girls' knowledge regarding sexual and reproductive health and girls' participation in income generating activities compared to the control arm.

Gender attitudes leading to early marriage among adolescents

Nepal

Gender attitudes related to women and men's roles significantly improved across arms for girls, with scores increasing 15% for TPP and 13% for TPP+. Girls put this knowledge into action outside of their groups as well: adolescents described advocating with their parents for a more equitable division of labor in their households. When understanding the impact compared to the control arm, gender attitudes improved for girls, even though there was a large variation in scores and these differences were not statistically significant.

That said, gender discrimination in family as perceived by girls in the TPP and TPP+ arms actually increased compared to the control. Research partners hypothesize this is likely due to increased awareness of participants related to gender roles and expectations.

Bangladesh

Girls' positive attitudes regarding gender roles significantly increased over time in TPP and in TPP+ arms. Specifically, TPP+ also significantly reduced girls' endorsement of control by family members compared to the control arm, and girls' justification of girl-beating significantly reduced among those who received 36-40 sessions in TPP+ compared to those who did not receive any session.

Attitudes and norms of parents also shifted. Despite all the barriers to avoiding child marriage, the endline data suggest that some parents, who had strong connections with their daughter, had high aspirations for girls' education and employment, and had high sensitivity to the negative consequences of early marriage, were more successful in averting child marriage. Even though a father is the main decision-maker regarding a girl's marriage, mothers reported starting to raise their voices against child marriage, which was not the case at baseline.

Social norm around participation of a girl in decision making regarding own marriage

Nepal

Girls' perceptions of discrimination in the family increased over the study period, but there were significant increases in communication and negotiation with parents, and participation in decision-making. The more favorable outcomes observed in girls who reported

greater participation in program activities by fathers, as well as qualitative findings suggesting the continued primacy of fathers in decision-making around marriage, underscores the importance of engaging men and boys in programming that seeks to facilitate broad changes in social norms.²

Bangladesh

The emphasized social norms component contributed significantly to positive changes in social norms around decision making regarding girls' marriage when compared to TPP. Relatedly, girls' confidence in negotiation skills increased statistically significantly only among the girls who received 36-40 sessions in TPP+ arm compared to those who did not receive any session. That said, as in Nepal, girls' connectedness with parents significantly reduced in overall intervention and among the girls who received 31-35 sessions in the TPP+ intervention. The qualitative results show that while social norms regarding timing or age of child marriage have not changed, it has become more acceptable to allow girls to express their opinion about the groom. After participating in TPI sessions, some families allowed girls to also express opinions about timing of marriage, and some families were also found to be supportive of the girl's desire to continue education by delaying marriage.

Girls' mobility

Nepal

Girls' mobility expanded even in the context of COVID-19 lockdowns and notably expanded more in the TPP+ arm. With a total possible score of 18, TPP girls' mobility scores jumped 5% at endline, while TPP+ girls' scores increased on average 7.2% from baseline. When comparing this to the control group, TPP+ girls' freedom of movement was much greater than the control, but again the spread in girls' scores in this was large and thus not statistically significant.

Bangladesh

The TPP intervention contributed significantly to positive changes in social norms around girls' mobility, but in TPP+, girls' mobility only increased significantly among the girls who received 36-40 sessions compared to those who did not receive any session. No significant contribution of TPI was detected in changing specific social norms around girls' riding and playing in the village specifically. That said, findings from the adult community member survey show that there was a positive change in social norms around girls' mobility in and around the village, girls' riding and playing in the village, decision making regarding girls' marriage, and collective action for girls' rights over time across arms.

CONTROLLING SEXUALITY AND MOBILITY TO ENSURE MARRIAGE

Mothers reported that when girls reach menarche, parents become cautious, they try to control their sexuality and impose restrictions on their mobility outside the home and on playing outdoor games. Both at baseline and endline, girls and parents reported that most villagers considered parents should always keep an eye on every move a **shabalok** girl (a girl who reached puberty) makes. Sanctions for going against mobility norms, such as villagers verbally abusing the girls, are imposed in the name of controlling the girls' behavior to safeguard their prospects of marriage

Girls as change agents: Collective action

Nepal

For measures of collective agency, mean scores for group membership and participation in events increased significantly over the study period; however, mean scores for cohesion, solidarity, and mobilization skills did not change. When comparing to the control arm, group membership was most strongly impacted, and even without being statistically significant, all other measures also showed impact. Of particular note is the TPP+ arm's impact on girls' network social norms. Both TPP and TPP+ participants perceived increases in gender equitable attitudes in their peer group over time relative to control girls, and although these changes were not statistically significant, it should be noted in the TPP+ arm as it received concerted effort not only to connect girls but expand their network and influence beyond their immediate group members.

TABLE 2. GIRLS' COLLECTIVE AGENCY, NETWORK SOCIAL NORMS, PERCEPTIONS OF GENDER-DISCRIMINATION IN THE FAMILY SECONDARY OUTCOMES

	Group Membership	Collective Efficacy	Participation in Events	Network Social Norms	Gender Discrimination in Family
TPP+	.48 (.06, .89)*	.22 (-2.13, 2.57)	.04 (-.12, .20)	.44 (-.19, 1.06)	-.25 (-1.59, 1.10)

Bangladesh

Findings from the community survey show that there was a positive change in social norms around collective action for girls' rights over time across all arms, but no significant contribution was detected from TPP or TPP+ when comparing to control. A few instances of collective action to stop CEFM by girl participants and boys were cited in the villages covered by the qualitative study, and the community leaders of one village were also reported to have led one such action. Therefore, examples of girl-led collective action went from non-existent at baseline to uncommon but more acceptable at endline. For instance, comparison of endline data with baseline revealed that girls' collective action for achieving rights was met with greater acceptability only if it concerned sexual harassment. Most of the adults maintained that the girls should report sexual harassment and demand justice, but this action did not extend to community leaders' standing against child marriage and girls even expect resistance from parents when trying to stop marriages. 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.

EXAMPLE OF THE IMPACT OF COLLECTIVE ACTION: GIRL-LED ACTIVISM AGAINST SEXUAL HARASSMENT

Girls organized a community event on preventing sexual harassment in which parents and boys, and influential community members participated. During that event, girls flagged the places in and around their village they were vulnerable to sexual harassment and asked influential community members to reduce their vulnerability. The influential community members helped in raising awareness in the community [against sexual harassment] and boys' group participants talked to their peers and perpetrators in the community. Girls reported this event and action helped in reducing sexual harassment in the village.



Discussion and Recommendations for Policy and Practice

In both countries, it is important to note that TPP+ was effective in reducing CEFM and/or enhancing protective factors against the practice despite severe implementation challenges due to an overlap between with the COVID-19 pandemic. In Nepal, study of the rare cases of child marriage that occurred suggests the clustering of risk factors, structural challenges, and social norms seemed insurmountable for girls to avoid CEFM.

As pointed out by various gender-based violence and norms researchers, lack of understanding of social norms and how to change them effectively impede the development of effective and sustainable CEFM prevention programs. At this backdrop, our researchers' findings from the TPP+ intervention are very encouraging and demand attention of the program implementers, policy makers and researchers devoted to elimination of child marriage.

Recommendations from our researchers

Multifaceted, concurrent efforts to empower women and girls socially and economically while working to change gender norms in key community stakeholder groups

With economic and social disadvantage increasing girls' risk of CEFM, broader efforts to address socioeconomic inequality and to lift communities out of poverty may be needed to affect lasting change among the most vulnerable groups.³ While Tipping Point's baseline showed that access to education and educational attainment alone are insufficient protective factors, there is growing evidence on the effectiveness of CEFM interventions that offer tangible support for education, livelihoods training and accessible job markets as viable alternatives to early marriage⁴. Therefore, in such settings as Nepal, effective programming to accelerate increases in the age at first marriage for girls may require efforts to both empower women and girls economically while working to change gender norms.^{5,6}

Icddr,b also argues that even though this type of multi-component interventions have demonstrated less rigorously evaluated success, treating all multi-component interventions into a single category ignoring variations in the content of the interventions may be misleading. In fact, our finding from TPP+ provide evidence to that effect. Single component interventions are easily scalable and they do get scaled up much more often than multi-component interventions. Decisions regarding interventions to scale up needs to be based on careful consideration of the effect size, feasibility of replication and cost rather than only ease of implementation. The upcoming cost assessment of TPI is expected to make valuable contribution to discussion and decisions about choice of intervention to scale up. It is true that sustainability of the TPP+ effect remains to be assessed beyond the freeze period implemented in this study. However, since social norms are widely recognized to perpetuate CM, we assume that TPP+ aimed at changing pro-CEFM social norms will be sustainable.

Where does girls' rights and CEFM programming go from here?

The following recommendations for donors, practitioners and government are rooted in Tipping Point's learning, nine years of implementation, and a series of Global Learning Briefs pulling on technical expertise from the education, SRH, and economic empowerment fields.

Take advantage of mutually reinforcing expansion of agency and opportunities for norms shifting

In Bangladesh, findings from the community survey show that there was a positive change in social norms around girls' mobility in and around the village, girls' riding and playing in the village, decision making regarding girls' marriage, and collective action for girls' rights over time across arms, including control areas. Similarly, in Nepal, girls' gender attitudes and agency are expanding across all arms of the study. While these changes, alongside greater educational attainment, are signs of great progress, girls themselves say they need allies to make transformative change in their communities that would end child marriage. Intervention targeting girls' agency must come alongside strategies to engage fathers, boys, and husbands in supporting gender equality as they continue to enact normative behaviors at household level and support them outside of their homes as well. [USAID's Implementation for CEFM](#) cites both Tipping Point's findings and the need for engaging men and boys within its priority strategy to advance gender equal norms – but a concerted effort must occur at multiple levels. For instance, working with men and boys to challenge their privilege and power can also directly [support girls' leadership and activism](#), encouraging all to become active supporters of gender equality and ending CEFMU.

The findings also make a very important and bold statement about the importance of movement building in such interventions and norms shifting strategies. As rightly pointed out by several researchers, focus of women and girls' empowerment interventions have increasingly become individual oriented (Batliwala, 2007; White, 2015). This virtually takes the power out of empowerment (Batliwala, 2007). Our findings present compelling evidence on effectiveness of bringing back the focus of empowerment to societal and systemic change from a neoliberal focus on individual power and status and thus have far reaching implications not only for social norm change focused interventions, but also on female empowerment programs for South Asia and beyond.

Gender transformative change within and by formal institutions

As these results have pointed out, poverty and formal structural continue to impact girls' risk of child marriage while presenting direct barriers to gains in their agency. Gender transformative change is both needed and possible beyond community-level work led by civil society: USAID also suggests supporting gender-transformative child protection systems and services, including gender-responsive parenting programs. This explicit expectation of large-scale programming to go beyond low-level gender integration and facilitate transformative change also compels the requisite measurement in addition to the existing mechanisms like SDG 5 that focuses on age of marriage alone.

For instance, comprehensive sexuality education (CSE) and adolescent-responsive SRH services are both institutional approaches and services known to impact CEFM. CSE has "been pinpointed as a crucial opportunity within educational settings for transforming gender norms and allowing girls to make decisions about their lives. Despite this evidence, CSE is not institutionalized within the formal curriculum in many countries."

Even within non-traditional sectors, such as those integrated into national social safety nets, there is ripe opportunity to enhance gender integration and adolescent-specific strategies to reduce child marriage. UNICEF found that Ethiopia's Productive Safety Net Program (PSNP) "is effective in reducing financial pressures on families to marry off girls and in improving girls' education opportunities... however, [it] be accompanied by complementary efforts – including girls' empowerment, awareness-raising and legal measures – to transform deep-rooted social and gender norms and attitudes that perpetuate the harmful practice of child marriage."⁸ CARE's PSNP4 program demonstrates this level of gender integration is possible: In addition to agency-level interventions, such as training in microfinance and savings, PSNP4 implemented structural-level interventions such as [CARE's Social Analysis and Action](#) dialogues with communities including norm holders/reference groups, gender training with microfinance institutions' staff, and gender inclusive value chains that also included child care.



Conclusion

In Bangladesh, girls' participation in Tipping Point's social norm-heavy intervention with a girls' movement building component was found to be much more effective than any previous intervention in reducing CM among girls, proving the theory that addressing the root causes of child marriage results in a larger reduction in risk of child marriage compared to a lighter intervention or no intervention. While CEFM essentially stopped in Nepal, Tipping Point did have significant impact on protective factors against child marriage, particularly related to girls' individual agency.

Both study sites found incremental signs of norms shifting in favor of girls' rights, yet the sanctions for transgressing those norms and the sensitivity of girls and their parents to those sanctions remain very strong. Researchers also found that poverty and structural barriers' influence on CEFM remains and continues to mitigate the impact of interventions like Tipping Point. Gender transformative policy and practice at scale is both possible and needed for a sustainable end to the practice in a way that expands girls' agency, voice, choice and rights.

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All findings presented in this summary are obtained from the following reports:

- (1) Yount et al. (2021). [Impact evaluation of the Care Tipping Point Initiative in Nepal: study protocol for a mixed-methods cluster randomised controlled trial.](#)
- (2) Yount et al. (2022). Community Gender Norms and the Gender Gaps in Adolescents' Agency in Nepal (under review - do you want a preprint?)
- (3) Morrow et al. (2020) [ETD | Comparing adolescent boys' and girls' perspectives on social norms surrounding child marriage in Nepal | ID: 0z708x53n | Emory Theses and Dissertations](#)
- (4) Clark et al. (2022). [Qualitative Endline Results of the Tipping Point Project to Prevent Child, Early and Forced Marriage \(CEFM\) in Nepal by Cari Jo Clark :: SSRN](#)
- (5) Yount et al. (2022). [Impact of the CARE Tipping Point Program in Nepal on Adolescent Girls' Agency and Risk of Child, Early, or Forced Marriage: Results from A Cluster-Randomized Controlled Trial](#)
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ENDNOTES

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