

Title: Qualitative Endline Results of the Tipping Point Initiative to Prevent Child, Early and Forced Marriage (CEFM) in Nepal

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Competing interests

The authors have no competing interests to declare.

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Highlights [125 characters w/o spaces]

New or enhanced knowledge was the most frequently reported benefit of the program among participants.

The TPI failed to address the structural barriers and clustering of risk among those most vulnerable to CEFM.

Adolescents described enduring risk or protection from CEFM, which set the stage for the degree of participation and perceived benefit.

Findings support calls to better align programming to address structural barriers and the needs of those most vulnerable to CEFM.

Abstract [300 words]

Nepal is not on track to meet Sustainable Development Goal 5.3 - the elimination of harmful practices, including child, early and forced marriage (CEFM) by the year 2030. Evidence on what works to prevent CEFM often is inattentive to contextual factors that influence intervention effectiveness. This study presents qualitative results of a mixed-methods three-arm cluster randomized trial of CARE's Tipping Point Initiative (TPI) to prevent CEFM in Nepal, interrogating the perceived benefits of the program in the two intervention arms and elucidating contextual features that enhance or detract from program benefit. Baseline data included interviews with adolescent girls (N=20), boys (N=10), adult community leaders (N=8), and focus group discussions (FGDs) with girls (N=8), boys (N=8) and parents (N=16). All but 2 adolescent girls and 24 of the 191 FGD participants were retained at endline. We undertook narrative analysis of the adolescent interviews, a thematic analysis of all data, and structured comparisons by time, gender, district, caste/community, stakeholder type and arm. We found diverse program participation, but widespread improvements in knowledge across several domains. Behavioral changes were concentrated among participants with stronger participation and pre-program characteristics suggestive of very low risk of CEFM (e.g. strong relationships with parents, parental support for educational, employment and marriage aspirations). In contrast, participants undergoing CEFM experienced a clustering of risks that the intervention did not address (extreme poverty, poor educational attainment, no support for continued education or employment). No perceived changes in social norms were detected over the study period among participants. Increases in age at marriage already perceived to be underway at baseline were attributed to increasing educational attainment, although contribution of the TPI and other programming was noted.

Findings underscore the need to address the structural barriers that the most vulnerable face to prevent CEFM and the challenges of attributing program benefit from qualitative narratives of program participants only amidst a dynamic social context.

Key words

Prevention; child marriage; trial; qualitative; context

Introduction

Approximately 650 million women and girls alive today were married as children—below the age of 18 (UNICEF, 2019). In most regions of the world, child marriage is declining, down by 15% over the last decade (UNICEF, 2019). Declines in child marriage in Nepal are similar (UNICEF, 2019) but may be plateauing (MacQuarrie & Juan, 2019). The slowing of declines and the still sizable proportion of women marrying as children in Nepal (Central Bureau of Statistics (CBS), 2020) affirm that Nepal, along with other countries in South Asia and all other regions of the world, will not meet Sustainable Development Goal 5.3 - the elimination of harmful practices, including child, early and forced marriage (CEFM) by the year 2030 (UNICEF, 2019). The well-documented harms to girls' physical, emotional and social well-being, the intergenerational impacts on their children and the associated economic costs (Wodon et al., 2017) provide ample justification for enhanced understanding of what works to prevent CEFM.

Evaluations of CEFM prevention strategies are accelerating (Malhotra & Elnakib, 2021b). However, a recent systematic review identified only 31 experimental or quasi experimental studies of CEFM prevention in low- and middle-income countries (LMICs) published between 2000 and 2019 (Malhotra & Elnakib, 2021a, 2021b). This review, and several prior reviews of the evidence base (Chae & Ngo, 2017; Kalamar et al., 2016; Lee-Rife et al., 2012; Owusu-Addo et al., 2018; Yount et al., 2017) demonstrate mixed effectiveness and deficits in rigor evidenced by having to exclude studies on the basis of quality ratings. The one prior test of an intervention designed to prevent CEFM in Nepal exemplifies these findings. It was quasi-experimental, graded as low quality per the recent systematic review, and demonstrated mixed results on the

proportion of girls 14 to 21 who married during the study (effective in urban populations, ineffective in rural populations) (Malhotra & Elnakib, 2021a). Many interventions delivered in South Asia suffer from the same limitations, necessitating more rigorous testing.

Evidence on what works to prevent CEFM also points to the role of participant, familial, and social factors that influence the effectiveness of CEFM interventions (Muthengi et al., 2021). Intervention types successful in one setting have shown divergent results in others (Malhotra & Elnakib, 2021a). Commonly identified drivers of CEFM, such as poverty, gender inequality, and marriage decision-making (Malhotra & Elnakib, 2021b; Petroni et al., 2017; Psaki et al., 2021) manifest differently across and within countries (Cislaghi et al., 2019; McDougal et al., 2020) suggesting that contextualized intervention approaches are needed. Finally, the degree of girls' vulnerability at the start of programming and the availability and acceptability of alternatives to CEFM have been shown to influence intervention effectiveness (Makino et al., 2021).

To address this gap, CARE made a multi-year investment in two districts in Nepal to understand first the nature and context of CEFM in these areas (Karim et al., 2016), which informed the development of the CARE Tipping Point Initiative (TPI). This formative work was followed by a rigorous, mixed-methods three-arm cluster randomized trial (cRCT) to evaluate the impact of a multi-stakeholder, community-based intervention designed to address the root causes of CEFM, promote adolescent rights, challenge social expectations and repressive gender norms, and promote girl-centric and girl-led activism (Yount et al., 2021). The quantitative portion of the cRCT found no impact of the program on reducing the rate of child marriage and only limited

effects on theorized secondary (mediating) outcomes related to girls' agency (Yount et al, under review). This paper presents the longitudinal qualitative results of the trial, examining the perceived benefits of the program in a purposive sample of participants in the two intervention arms and elucidating contextual features that enhance or detract from program benefit.

Methods

Parent Study

This qualitative study is part of a mixed-methods three-arm c-RCT conducted in two districts in Nepal, Kapilvastu and Rupandehi. The quantitative component tested a core intervention (the Tipping Point Program, TPP) versus an enhanced intervention (the Tipping Point Plus Intervention, TPP+) with emphasized social norms change components compared to a control arm to assess 1) whether each intervention arm reduced child marriage and 15 secondary agency-related measures and 2) whether the enhanced intervention demonstrated stronger impacts than the core programming. Details of the parent study can be found in the study protocol (Yount et al., 2021) and quantitative impact assessment (Yount et al., under review).

Study Setting

The qualitative component of the Nepal TPI impact evaluation was conducted in eight project sites, two in each of the two intervention conditions in each of the two study districts. These adjacent districts are in the Lumbini Province in Nepal, bordering India. According to the most recent UNICEF Multiple Indicator Cluster Survey in 2019, more than one third of women 20-24

(33.7%) and women 18-49 (38.3%) have undergone CEFM (Central Bureau of Statistics, 2020). Formative qualitative research undertaken by CARE in advance of the c-RCT (Karim et al., 2016) described the complex interplay of marriage processes that involve multiple stakeholders, male decision-makers, and limited input from girls. These processes are embedded in norms that disincentivize investment in girls' education and the development of non-household skills, and link family honor to girls' sexuality, which is perceived to require regulation, in part through early marriage. Ultimately, the normative environment interacts with geographic isolation, poverty, and limited livelihood options to drive the persistence of CEFM, particularly in isolated, socio-economically disadvantaged groups (Karim et al., 2016).

Baseline qualitative findings for the c-RCT revealed widespread perceptions that child marriage and *gauna* (*transition to conjugal life*) were in decline. The research team identified at-risk girls as those who were not studying in school or who were perceived as disobedient (especially, girls who were suspected of being in a relationship with boy). Elopement was recognized as a contributor to CEFM, as adolescents taking this route to marriage were generally younger, and fears of elopement incentivized parents to marry their daughter expeditiously to a match of their choice. Love marriages were more acceptable among the more educated, but the prevailing expectation was for girls to marry based on their parent's choice, with the ultimate authority being fathers or male heads of household (Bergenfeld et al., 2019)(Morrow et al., under review).

Intervention

The CARE TPI focuses on the synchronized engagement of different participant groups (adolescent girls and boys, parents, community members, and community leaders) around four programmatic pillars including: social norms; access to alternatives to CEFM; adolescent sexual and reproductive health and rights; and girls-centered movement building ([Manuals – Tipping Point Initiative- CARE \(caretippingpoint.org\)](#)). The core TPI approach entailed weekly group sessions for boys and girls and monthly sessions with fathers and mothers of participants (hereafter referred to as the Tipping Point Program or TPP). A social norms emphasized package also was tested, which contained the core programming along with intensive trainings and follow-up meetings with religious leaders, local government officials, and school personnel, election of girl leaders, and girl-led community-based activities (hereafter known as TPP+). Due to the COVID pandemic, the 18-month long programming was shortened to 15 months and administered over a period of 20 months which includes months where programming could not be delivered.

Sample

The sample for the qualitative component of the impact evaluation involved data collection with adolescent girls, adolescent boys, parents of adolescents, and community stakeholders in eight TPP/TPP+ clusters through in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGD) with participants. Baseline data included in-depth interviews (IDIs) with 20 adolescent girls and 10 adolescent boys, 8 key informant interviews (KIIs) with adult community leaders, 16 FGDs (8 with adolescent girls and 8 with adolescent boys), and 16 FGDs with parents of adolescents in study communities, 8 of which were parents of adolescent study

participants and 8 with parents of adolescents not enrolled at the study at baseline. Follow-up of all participants was attempted at endline. All KIIs and adolescent boy IDI participants were retained. Of the IDIs, 2 girl adolescent IDI participants were replaced. One IDI participant was inadvertently switched with a baseline FGD participant and one participant married and left the study area. Replacement IDIs data were retained for analysis. All FGD discussion groups were retained; however, 24 members of the original total 191 (12.6%) did not participate at endline.

Data

The qualitative data collection instruments were based on tools developed for a companion study occurring in Bangladesh (Parvin et al., 2022; Yount et al., 2021). IDIs with adolescents provided narrative data on attitudes and perceptions towards gender roles, life aspirations, girls' safety and security, and girls' mobility, and at endline, collective action and participation in TPP. FGDs with adolescents and parents were based on CARE's social norms analysis plot framework (Stefanik & Hwang, 2017), highlighting social norms surrounding girls' mobility or freedom of movement, decision making around marriage, and interaction with boys, and at endline, collective action. KIIs with teachers and local officials assessed perceived changes in the prevalence of child marriage, social norms and practices around marriage, work and education, girls' safety and security, and collective action. At endline, questions pertaining to change were interspersed throughout the interview guides, with explicit interrogation of perceived changes due to TPI occurring only at the end of the instrument.

Fieldwork

All data collectors spoke Nepali and the local languages—Awadhi and Bhojpuri—and were gender-matched with participants. Baseline data collection occurred 7–20 June 2019. Follow-up data collection occurred 3–20 December 2021, after an 8 month freeze period, during which there was no intervention or research contact. All interviews were audio recorded, transcribed by the data collectors to enhance accuracy, and translated into English for analysis. Adult participants provided written informed consent. For adolescents, adults provided written informed consent, and adolescents assented to participate. The study was approved by the Emory University Institutional Review Board (00109419) and the Nepal Health Research Council (576/2021 P).

Data Analysis

Emory's team revised a qualitative codebook developed by icddr,b for the Bangladesh study to streamline existing codes and to add new codes on emergent themes from the Nepal data (Yount et al., 2021). The analysis team revised the codebook in several stages, first through careful reading of 10 transcripts and discussions with CARE and icddr,b; second, after two rounds of intercoder reliability testing among three Emory team members using seven transcripts, and finally, after coding 20 transcripts across two sites. Team debriefs were used to resolve discrepancies and make minor edits to codes and definitions, after which the same team divided the remaining 50 transcripts to code individually. At study endline, one additional code to reflect TPP participation was added to the codebook. Inter-rater reliability testing was repeated with a new analytic team prior to coding. All coding, cross-classification and inter-coder reliability testing was performed in MAXQDA V.18 (Berlin, Germany).

A narrative analysis of IDIs with adolescents began with memos of each transcript summarizing themes related to ASRH, aspirations, marriage, mobility, safety and security. Descriptive analysis of social norms data across all 70 transcripts was performed by crossing each major theme with relevant norms codes (normative expectations (belief about what others expect one to do), empirical expectations (belief about what others do), and sanctions/sensitivity to sanctions, exceptions). Thick descriptions were generated for norms CARE identified through formative research. At endline, we repeated the above process and conducted structured comparisons between baseline and endline data within themes. Potential differences by gender, district, caste/community, stakeholder type and arm were explored. We explored attribution of impact to the TPP program by interrogating participant reported reasons for change by theme and noted where change was attributed spontaneously by the participant to the program or if attribution was made in response to TPP specific questioning. Interpretation of the findings involved integrating findings from the analysis of all transcripts at baseline and endline with the micro-level longitudinal analysis of the adolescent IDIs. As the study is part of a trial with specific research questions, the interview guides were structured to examine study outcomes. The interpretation was structured similarly. However, emergent themes were explored as they arose, and the narratives of participants were privileged throughout. All coding and analysis were done with analysts blinded to the study arm through the thick descriptions.

Results

Varied Participation in Programming

In TPP and TPP+ sites, participants in the qualitative sample described a variety of degrees of participation in Tipping Point programming, from those who were very engaged, missing only a few sessions, to those who attended few or no program sessions. For the parents and community stakeholders, participation in programming varied based on competing demands on their time and level of interest. Among the community stakeholders in the analysis, the majority had little engagement, either due to competing demands on their time, or in a few instances, due to reports of being invited infrequently or not being invited at all, although a few of the stakeholders still were quite aware of the programming. Still, community stakeholders described TPI's benefits to the participating adolescents and their families. Among the adolescents, across both conditions, participation varied from strong participation to almost no participation. One study participant mentioned that her program group lost 10 members over the course of program implementation, although the study participant herself was heavily involved. According to study participants, reasons for not attending program sessions ranged from migration, work, or school responsibilities to a lack of parental support or permission. *"I went there but only two or three times. I wanted to go but my mother didn't allow me to. I really wanted to go (Adolescent girl, Kapilvastu, Maharajgunj 1).* Across the TPP and TPP+ program conditions, much of the programmatic activities in which the study participants engaged were the same, namely weekly discussion groups, which were described as very interactive, such as including games. Clearly differentiated between the two arms was mention of rallies, a cooking competition, and other collective events involving the community in the TPP+ arm, which were by design, not included in the TPP arm.

Perceived Benefits of Tipping Point Programming

Across all participant types, some study participants described benefitting from the TPI program, although many of the adolescents mentioned that they had forgotten what they had learned, as considerable time had passed since the end of the program. Some participants in each arm mentioned having forgotten everything, or quite a lot, but most participants could recall key topics of discussion, activities they had engaged in, and skills they had learned, and in several cases, described how they or their families had put this knowledge into practice.

We used to play and talk. We even learned to make pads. We learned about good touch and bad touch and not differentiating between boys and girls. We used to talk about ourselves. We used to talk about menstruation. We had even conducted a rally. I mentioned about it earlier. ...I used to get scared to talk to my family members, but I can freely talk to them now. I am not scared to talk anymore...I used to think that I will get married after studying till a certain grade but now I have realized that I need to get married after 20 years of age. I have understood that I shouldn't get married at a younger age. (*Adolescent girl, Kapilvastu, TPP+*)

Knowledge. By far, the most often described change attributed to the TPI program was enhanced knowledge of a range of topics (Table 1). While study participants rarely described TPI as the only source of information, for example, also learning content from school, family, friends, and other programs, TPI clearly was identified as an important source of information. Among adolescent boys and girls in TPP and TPP+ study arms, child marriage and the health impacts of early childbearing were the most common areas of enhanced knowledge and most frequently recalled topics (Table 1). Girls' recollection in general was more expansive than that of boys. The health impacts of childbearing were mentioned mostly as a reason to delay marriage.

Girls below 20 are still small and can't work properly. If they get pregnant, that too will be a problem because their uterus still hasn't developed properly. All the body organs develop properly after crossing 20 so one should get married only after 20 years of age. (Adolescent girl, Rupandehi, TPP).

Some topics, for example, sexual and reproductive health, had fewer other sources of reliable information. This information was especially relevant for boys in the sample, many of whom, as at baseline, did not talk to parents about this topic, but instead relied heavily on friends for information.

Table 1. Content recalled, ranked by frequency, by sex.

Girls	Boys
Marriage age, health impacts of early childbearing, pad making, ASRH, equality of labor, sports/games, importance of girls' education, self-confidence, marriage decision-making, communicating with parents, sharing feelings/aspirations, gender-based violence, respect elders, untouchability, "good touch, bad touch," collective action, importance of	Marriage age, health impacts of early childbearing, ASRH, marriage decision-making, communicating with parents, gender-based violence, importance of girls' education, equality of labor, collective action, economics, discrimination

cleanliness, harmony, mobility, corruption, activity during menstruation, economics	
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Parents who were interviewed seldom directly referenced specific content personally learned through TPI and mostly mentioned TPI content regarding their child’s participation, likely reflective of their lower level of participation as compared to that of their children. The most common topics mentioned by parents were child marriage, self-confidence, the importance of girls’ education, and equality of boys and girls labor in support of the household. There were no differences in the frequency of content discussed across gender or arm among parents, but parents of non-participants mentioned TPP content the least, as would be expected. While the parents of adolescents who were not enrolled at baseline were not expected to have knowledge or experience with the program, some participants’ narratives suggested that at least some of those adolescents ultimately were enrolled in the programming.

Application of Knowledge. Although much less frequently mentioned, some participants described that knowledge had been put into action by adolescents or parents instituting changes in the household because of TPI, reflected among those who recalled much greater participation. Most participants mentioned sharing their TPI learning with family members, friends and neighbors. For example, a few boys and girls mentioned having shared information about how to make pads, which was well received by mothers and sisters and was especially useful during COVID lockdown.

Some girls described advocating with their parents for a more equitable division of labor in their households, which was reported to have changed from baseline. While changes to the division of labor were generally perceived to be modest, i.e., brothers sometimes helping their sisters or mothers with the household work, or parents assuming housework to allow the adolescents more time to study, these actions were recognized by some parents as noteworthy, given the strong prevailing norm of women and girls completing all household chores. While major transformations in the division of labor did not occur, according to participants narratives, many participants did describe a more cooperative approach to work in the family.

Several adolescents, and some parents and community stakeholders, mentioned that the adolescents gained confidence in expressing themselves from their participation in the TPI programs, especially among participants from Rupandehi.

I used to get scared to talk to my family members but I can freely talk to them now. I am not scared to talk anymore. (Adolescent girl, Kapilvastu , TPP+)

We learned to speak in the village and community, learned to respect elders and love youngsters from TPP. (Adolescent boy, Rupandehi, TPP)

Based on a report from a community stakeholder, this skill was used to advocate for menstrual hygiene products in an act of collective action organized by another development project in the locality.

There have been some changes. I think it's because of the programs that you ran on Saturdays. The girls learned to make pads. We had also called the mayor recently in another program where the girls could openly share their wants. "Aba mero palo" [Tipping Point] program has boosted the confidence in these girls. They were able to demand for pads in front of the mayor. The girls had also gone out and made flags. I liked the program. P3: We loved the program. Both girls and boys had walked around the village with flags. (Mother, Kapilvastu, TPP+)

Although collective action was rare outside of TPP+ activities themselves, some adolescents mentioned banding together to intervene to prevent a child marriage, which in one case was reportedly successful.

A girl in our community was being married off by her grandfather. At that time, our group went there and reminded him that she isn't old enough to marry, to let her study and marrying at a young age is unhealthy both physically and mentally. It also has impact on one's health and will make childbirth more difficult. The newborn baby will be disabled and the mother's life will be in danger. After saying this, her marriage was called off and

the girl is currently studying. This incident happened within the last two years. I did this work with all the girls of the group. (Adolescent girl, Rupandehi, TPP)

The examples, above, highlight some of the changes detailed by participants, parents and stakeholders reflecting knowledge or the application of knowledge and skills developed or practiced in TPP. Perceived benefit, especially knowledge, represents one of the most consistent themes in the data, that among those who genuinely participated, participants described some change, attributed, at least in part to TPP programming. When taken as a whole, attribution of benefit solely to TPP was rarely done. Instead, when asked about changes that may have occurred over the past 2 years, numerous factors were mentioned, most notably, changes in the educational status of the community and increasing enrolment of girls in school, which was widely perceived to be a key driver of change with respect to CEFM. More commonly, when TPP was mentioned, and it was only sometimes mentioned spontaneously prior to specific probing, it was recognized as a factor contributing alongside other drivers of the changes, most notably regarding child marriage and the increased age in marriage.

There have been many programs in our village related to violence against women, child marriage, non-discrimination against sons and daughters and these programs have also conducted various awareness programs. People have changed by watching and listening to seminars, street plays and speech programs conducted by these programs. '*Aba Mero Palo*' and other various programs before that has come in our village. (Adolescent Girl, Rupandehi, TPP)

Benefit that was attributed more consistently and most directly to TPI was concentrated in individuals who were poised, for a variety of reasons, to benefit from the programming. At the other end were individuals for whom the program was simply unable to overcome a complex concentration of risk among participants who ultimately were married or had their marriages fixed over the course of the study. We discuss these two themes below and provide a case study to exemplify the themes.

Characteristics of Participants Reporting Multiple Notable Changes Attributed to TPI

Among the adolescents who were interviewed, five participants (4 girls and 1 boy) had notably positive changes to their knowledge or behaviors at endline. These adolescents were from Kapilvastu and Rupandehi districts, either Muslim or Hindu, and had several similarities. All five of these adolescents were generally older, with an average age of 17 at endline. As such, all participants were teenaged when the baseline intervention began. Additionally, all five participants were attending or enrolled in school at the time of the interviews, with two enrolled in higher education. No adolescent from this sample was married or had undergone *guana* and all desired from baseline to marry after the age of 20. When compared to baseline, the desired age for marriage either stayed the same or increased for these participants. Further, the boy in this sample preferred to have a love marriage rather than an arranged marriage which has also changed from baseline. Importantly, all five participants seemed at baseline to have relatively strong relationships with their parents. They were communicative with their parents and shared

their desired marriage age, education preferences, and future aspirations. In most cases, adolescent study participants described receiving support and agreement from their parents on these choices and anticipated plans. All five study participants aspired to pursue professional careers out of the home, such as a lab technician, nurse, or doctor.

My father says that I should be doing something and not stay at home ideally. My father says do good in whatever field you want but don't sit at home doing nothing. (Adolescent girl, Rupandehi, TPP)

Additionally, many of the participants who described multiple notable benefits of the programs also reported that their parents were supportive of educating their children in general and emphasized studying, which many girls in the wider sample had little time for because of their housework, especially girls from Kapilvastu. These participants also noted that their parents supported their children getting jobs after education to improve their livelihoods.

I want to be a nurse. I have already told my parents that I want to be a nurse. They were happy. They have asked me to study well and be a good nurse. They have told me that they will let me study whatever I want. (Adolescent girl, Rupandehi, TPP+)

The girls in this sample all wished to marry after completing their education and communicated this preference to their parents, who all desired the same. Conversations with parents regarding marriage in this sample were predominantly around preferred age at marriage and did not

expand much beyond that topic. All participants also shared their TPI learnings with their respective families and were met with positive reactions and support for the program. While many participants showed agency, communication, and positive parental relationships at baseline, all participants felt that they had learned a lot from TPP. These individuals seem well primed to benefit while also being of lower risk of marriage.

Interestingly, several characteristics differed among these five participants. Parental education for adolescents from this sample ranged from no schooling to having a Bachelor's degree. While many mothers were housewives, paternal occupations and fields were different across all participants. Participants were from different castes and religions including Teli, Terai, Kurmi, Tharu, and Khatun. Additionally, there was not a majority of participants from one study arm. Notably, all the girls in this sample still had relatively restricted mobility, which did not expand appreciably for most girls in the entire sample, and these girls remained responsible for most of the household chores as noted above. The case study below exemplifies the characteristics of participants who described benefitting from the program.

Case Study of Adolescent Girl Reporting Substantial Benefit from TPI

Adolescent girl, age 15, grade 8, Rupandehi, TPP: The participant seemed to have strong participation in the TPP sessions and wanted the program to expand to other villages to increase knowledge elsewhere. When the TPI was suspended due to COVID-19, this participant was proactive and called the session's group leader to attempt to reschedule some remaining activities. While the participant shared her learnings and knowledge with family and friends, it

was not clear if anyone changed as a result of her learnings. The participant, however, clearly gained voice, leadership, and knowledge from participating.

We should not hide anything, we should not fear anyone, we should directly say our things at people's face. We should not discriminate anyone (based on caste). We should not fight; we should live together in harmony with all. We should spread good message to all. First of all, we should say these things at our home. When people from our family learn, villagers will also learn. These things will bring development in the country.

Similarly, the participant mentioned fighting back when she and a friend were teased, and said that her parents expected her to fight back in such situations. The participant communicates her future aspirations with her family, who support her educational and occupational ambitions.

I didn't have any goals earlier. I was aimless, like a small child who doesn't know anything about his/her future goal. My father asked me this year, what do I want to be. I told him staff nurse.

Compared to other girls, this girl appears to have had choice and freedoms from baseline, including a preference for marriage after age 20 and the ability to play sports. The participant's family agrees that she should get educated and become something before getting married, "my father says do good in whatever field you want but don't sit at home doing nothing". On a community level, *gauna* is still prevalent, but marriage is now expected around age 19 or 20 or

after a girl finishes her education, which has changed from previous years. Finally, the participant displayed strong leadership skills again when discussing collective action with local leadership and officials and her ideas for improvement.

Characteristics of Married Adolescent Participants or Those Having Their Marriages Fixed

Among the sample of adolescent girls and boys, marriage was relatively rare (overall sample <4%). Two girls, one each from Kapilvastu and Rupandehi were married by endline. One participant in Rupandehi also detailed that her friend in the TPP group had been married, although her friend was not among the adolescents who had been interviewed for the study. In Kapilvastu, two girls, while not married, had had their marriages “fixed” and one additional girl was at high risk as she was already 18, not studying, and her parents had decided that it was time for her to get married. No boys in the sample were married at endline or had their marriages “fixed.”

The girls in the sample who were married or who had their marriages fixed shared several common characteristics. Most were from Kapilvastu, a location with a much greater concentration of Muslim families, characterized by the participants as having very restrictive gender norms. All the girls experiencing marriage or having their marriages fixed in Kapilvastu were Muslim; however, direct comparison to other religions or castes is not possible given the predominance of Muslims in the Kapilvastu qualitative sample. Regardless of location, all the girls lived in families that did not value education for girls, a feature that was noted as being against the norms among the Kapilvastu participants. None of the girls were in school despite wishing

to be, none had exceeded a primary school education, with education levels ranging from illiterate to the 6th grade, and all but one came from a family with very little education, including among siblings.

I have told my father that I want to study further but he tells me that the villagers here won't like it if he sends me outside or to the school. Therefore, he tells me to leave it.

(Adolescent girl, Kapilvastu, TPP+)

Additionally, none of the girls mentioned career aspirations or plans for the future. All the girls described restrictive gender norms had extensive household duties and limited mobility, and faced structural problems, such as poverty and other adverse experiences, for example parental death. Most of the girls had poor social relationships with their parents and generally did not share aspirations, discuss desires, or seem to communicate much with their parents. Nevertheless, some of these participants described benefiting from TPP. However, the clustering of risk factors, structural challenges, and social norms seemed insurmountable. The case study, below, exemplifies the characteristics and structural limitations of participants who had become married or had their marriage “fixed” during the study.

Case Study of Girl Married During the Study

Adolescent girl, 18, illiterate, Kapilvastu, TPP: This adolescent participated in the project and demonstrated increased voice and knowledge, especially in division of labor, marriage age, and

education. As she was pulled from school at an early age due to financial constraints, TPP was a major source of information for this participant. The participant was married at 18 but believes girls should marry around age 21-25, after they have been educated, and acknowledges that she is the only girl in her village to have been married at 18 recently, as the community's typical age for marriage is around 23 years. Her father also attended TPP sessions and is now more open to changes, while her mother, who did not participate, is still drawn to traditional ways.

My father says that old practices should not be followed, and everyone should do household chores. He also says that if someone teaches new things then we should learn them... My father used to attend this training and it is the reason behind change in him.

Despite being a beneficiary of TPI, this participant lacked considerable behavioral changes and was sensitive to the structural challenges and normative expectations of society. Additionally, she felt too shy to share her TPP learnings with other friends and family. Compared to baseline, this participant's mobility was still significantly restricted and she was responsible for most of the household duties, which is similarly expected of other girls in her community. The participant acknowledges that boys should be blamed for eve teasing girls, but in her community, girls are blamed and possibly sanctioned.

Everyone in the community should unite and talk with that kind of boys (bad boys) and convince them not to tease. Complain at ward. But there is no one like that in our community.

There also is no evidence of substantial behavioral change in this participant's immediate or married family, but she aspires eventually to bring change to her marital household, especially a more egalitarian distribution of household work. "Slowly I am going bring change in my in-law's house. I am not able to do it now because I am newly married." As a newly married woman in a conservative household she lives in Purdah, so any attempts to change will have to wait until she has more power. Realistically, the wait could be years.

Minimal Social Norms Change Over the Course of the Study but Pronounced Differences by District

The normative environment in which the TPI was implemented was complex, showing change over time in some norms and less in most others. Across districts and arms, most stakeholders noted that 'empirical expectations' regarding age at marriage had shown substantial change before baseline, although CEFM was clearly not eradicated, evidenced by examples of child marriage among study participants, and reports of child marriage among sisters, relatives, and friends. Still, most participants reported marriage in late teens or after age 20 to be general practice while very early marriage was said to generally be a thing of the past.

P5: ...daughters were married at an early age but now the parents wait until their daughter turn 20. This is applicable everywhere. We ourselves won't get our daughters

married at an early age. We will firstly make them independent before marrying them.

This doesn't cause much shame now. (Father group, Kapilvastu, TPP)

Empirical and normative expectations also have shifted substantially toward girls having more say in their marriage decision and in marrying after age 20. More Rupandehi residents, parents of participants and non-participants, key informants, and adolescents recognized a girls' ability to have a say in a marriage proposal, influence the choice of her groom, and marry after age 20.

It is up to the girl to decide at what age and with whom the marriage will take place if she likes the boy first of all and the parents have to support her. If the girl doesn't like the boy, everyone in the family as well as the girl should be involved. (Adolescent girl, Rupandehi, TPP+)

However, even among the participants in Rupandehi, expressing one's choice of marriage partner carried risks.

People fear that their daughters might choose wrong paths in life. They don't have trust upon their daughters and they think that she might elope. (Adolescent girl, Rupandehi, TPP+)

Educated parents, especially those in Rupandehi, were perceived to make exceptions to their daughter's marriage decision to allow her to finish school and find a job, be of an appropriate age, and express her opinions on the proposal.

However, across all stakeholder groups and districts, girls still are expected to accept their father's final decision on a marriage. Participants residing in Kapilvastu more frequently mentioned the importance of maintaining family honor and were more sensitive to sanctions surrounding marriage decision-making, namely from community members who backbite or start rumours about girls who reject proposals. So, while expectations of later marriage are becoming more widespread, and some space is opening up for girls to influence the process, decision-making remains in the hands of their fathers.

Change interrogated in the longitudinal data among norms distal to the marriage process was minimal. In both study arms, empirical and normative expectations that boys and girls should not interact remain strong. Reasons for parental restriction of interactions with the opposite sex, which did not change from baseline, are risk of developing a love relationship and the risk of shame and judgement from the community or village members, to which parents in both districts and both arms were sensitive.

P6: In our community, even if married women talk to someone, people will assume negative things about it. This is why we are so afraid of the society, this is how things are.

(Mother group, Kapilvastu, TPP)

Interactions between adolescents within a school or work setting were not considered problematic, which was noted at baseline, but more frequently so at endline. Participants perceived this change as stemming from the shift in gender expectations for education, which resulted in an increased number of girls enrolled in school. Participants from Rupandehi, where girls are often expected to attend school, perceived their village as more accepting of interactions between opposite sexes, especially in regard to education, while participants from Kapilvastu, where there is less emphasis placed on girls to attend school, generally thought little change had occurred.

Participants from both intervention arms still hold strong empirical and normative expectations that girls should not roam around their village, especially alone. The only exception to girls' mobility is if she is traveling to school or work. Expectations surrounding mobility are maintained primarily to protect girls' safety and security and secure familial reputation. Additionally, girls are not expected to have time for roaming or leisure activities as their household chores and school take up most of their time. While adolescent girls and all parental groups wish girls had more freedom to roam, few families allow their daughter to roam due to the risk of sanctions including shame and judgement from the community, to which all parent groups appear to be sensitive.

While the duties boys and girls are expected to perform have not changed, the empirical and normative expectations for gender roles and responsibilities are perceived among many study participants to be shifting toward more openness to boys helping with household chores.

However, within this sample, few households were described as having enacted behavioral change to reflect this shift, likely due to judgment and humiliation from community members and families' sensitive to such sanctions.

P3: If the daughter performs household chores, it won't cause shame to the family but if sons do household chores such as sweeping, cooking and washing clothes then it will cause shame to the family (Father group, Rupandehi, TPP)

Most boys and girls from both conditions and districts believe the duties for which they are responsible are equal, despite girls having a higher workload. Still, more girls than boys in the sample believe that both genders should contribute to household duties. All adolescent groups believe the ideal woman should be educated, which has changed from baseline. More boys and girls at endline recognized that women can work outside the household to earn an income; however, boys generally supported women's income-earning activities to increase household economic status and stability, rather than to provide freedom and purpose to women, "I want her to earn because the income improves the households financial resources if she earns too. There will never be shortage of food and clothing for the family" (Adolescent Boy, Rupandehi, TPP+). Most girls, especially from Rupandehi, who aspired to work outside the home wanted to make something of themselves and achieve their goals, and rarely mentioned working to support a husband.

I told my father that both my sisters are facing many problems in their lives and that's because they aren't educated. I can't bear problems like them so educate me...if they were educated then they too would have been able to take stand for themselves.”
(Adolescent Girl, Rupandehi, TPP).

There remain strong empirical and normative expectations around play and leisure activities, with adolescent girls still having less freedom to engage in such activities compared to boys. According to several parent study participants, girls' freedom to play is limited in order to maintain their safety and security and to ensure they have time to complete their household chores and schoolwork. However, girls can engage in sports and play if these activities occur at school. Parents of both TPI participants and non-participants appear to be sensitive to the sanctions imposed for violating these norms, including judgement and shame, in order to protect their family's honor. Parents from more educated households and urban areas were perceived to offer greater freedom and access to sports than parents from the village.

The empirical and normative expectations that boys and girls should work together to solve problems in the community have not changed significantly from baseline. There has been a slight shift in adolescents working together to support girls' rights and bring change to community norms, such as organizing rallies to support marriage after 20 years of age; however, it is unclear if such activities occurred outside of TPP+ activities. Additionally, lockdowns imposed by COVID-19 could have affected initiating collective action activities. Some adolescents reported being hesitant to engage in collective action that supports girls' rights due to the risk of shame or

judgement from the community for interacting with boys, roaming, or simply being “bad”. Adolescents and parents of program participants and program non-participants mentioned that in the Madhesi community, boys and girls do not work together to solve problems as a family will lose their honor if they send their daughter with a boy.

Across norms, families were identified as the primary reference group. Among those who were sensitive to sanctions, references were generally made to neighbors and community members similar to baseline findings. No changes in the composition of reference groups was detectable over time or by arm.

Overall, there was little normative change detectable in the sample over the course of the study. Instead, there was repeated mention of trends already underway at baseline, such as shifts in many communities toward later ages at marriage, girls’ ability to talk to boys about schoolwork, and greater consultation of boys and girls regarding marriage, with some cracks, albeit limited mostly to educated families, in girls’ ability to influence the marriage process. Further, differences by district were repeatedly mentioned while differences by arm were not detectable. However, similar to the perceived benefits of the program, changes in norms were attributable in part to TPI in general, which was noted as a source of education and awareness raising among families and in the community, often alongside other programs that had come before or were concurrent. Participants in the TPP+ arm also reported perceived benefit to their community from their community-based activities. However, the most frequently mentioned driver of social norms

change was improvements in the educational status of the community and the increasing enrollment of girls in school.

Discussion

This longitudinal qualitative study provides an in-depth examination of a well-designed intervention, tested in a rigorous c-RCT, that at the study population-level did not demonstrate effectiveness at decreasing child marriage (Yount et al., under review). This study adds insight relevant for research and programming about the perceived benefits of the program to girls' agency, the characteristics of participants who described benefits beyond knowledge gain, and the disconnect between needs and programmatic offerings among those most vulnerable to CEFM. Overall, study findings support the emerging literature on the importance of understanding the influence of participant characteristics and the contexts that influence the effectiveness of CEFM interventions.

First and foremost, some study participants reported perceived benefit from TPI. New or enhanced knowledge was the most frequently reported benefit of the program, which most adolescents and some parents in the qualitative sample recalled. Knowledge is a foundational asset, and the core Tipping Point Program seemed to fill certain knowledge gaps, such as gaps in information about sexual and reproductive health, that were missing or only scantily provided in schools and normatively not the subject of conversation with parents. This narrative corroborates findings in the quantitative impact assessment, in which enhanced sexual and reproductive

health knowledge was one of two secondary outcomes significantly impacted by the TPP+ package (Yount et al., under review). The other was group membership in social or cultural organization club or association. Other agency-related characteristics, such as confidence and voice, enhanced communication and negotiation with parents, and pad making were also noted among adolescents and some parents, with some reports that these skills had been used. However, the application of knowledge or utilization of a skill set was infrequently mentioned across the participant sample, due in large part to differences in degree of participation, which ranged from almost no participation to very frequent participation. While the quantitative analysis found little association at the population level between the extent of program participation and secondary instrumental-agency outcomes (Yount et al., under review), in the qualitative sample, more substantial benefits were attributed to the program among those who reported greater participation. Variable participation is in line with existing research about the challenges of engaging underserved participants in programming (Whitley et al., 2014). Men and women in rural Nepal spend approximately 45% of the day in productive work, whether paid or unpaid. When reproductive work (child and adult care, services for the household, household chores, traveling for household associated tasks) is added, the total for men is 53% and for women 62%, leaving little time, especially for women to participate (Picchioni et al., 2020). Adolescents in Nepal also have considerable responsibilities in these same domains, with a similar gender disparity. With the growing emphasis on education for boys and to some extent girls, school-going adolescents may also receive tutoring to pass standardized government exams or move to another locality to attend private boarding schools to overcome quality deficits in government schools, further limiting the time they have available to devote to development

programming. While skills-building programming, such as TPP, may be appreciated by some families, it was not by others as noted in this study, and even when valued, must compete with productive and reproductive work and education. These competing time investments for adults and adolescents make sustaining consistent participation an ongoing challenge, especially if participation does not directly address livelihoods or education. Greater compatibility of program modality with pursuits that are valued by parents and engaged in by adolescents might support stronger participant engagement and parental support.

Those adolescents who participated most consistently in the TPI and who reported benefiting beyond just knowledge shared several pre-program characteristics. At baseline, they were older, reported engaging in some communication with their parents, had aspirations for themselves outside of marriage that their parents supported, and reported parental expectations for educational attainment. All of these personal assets and aspects of agency are established aspects of positive youth development, girls' empowerment, and protective factors against CEFM (Malhotra & Elnakib, 2021b; Shek et al., 2019). While these participants reported benefit attributed to TPI, they already were at low risk of marriage before participation in the program. On the other hand, the participants who underwent marriage or had their marriages "fixed" during the study period were the opposite, characterized by poor relationships with their parents, no aspirations or support for a life outside of reproductive work, experience of adverse events, and financial insecurity. The extent of risk clustering among this most vulnerable participant subgroup seemed to set them on a trajectory to CEFM that the TPI could not have altered, despite the program's attention to normative root causes, engagement of norms

bearers, and agency-enhancing programming. This study's finding of a mismatch between need and program benefit supports prior research identifying poverty, poor education and other structural barriers as key drivers to CEFM (Malhotra & Elnakib, 2021b) and 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 marriage (Malhotra & Elnakib, 2021a).

Study findings also point to the role of development programming in a dynamic landscape. As a low-income country that has just moved from least development status, Nepal remains dependent on donor funding in part to deliver core governance functions. The sheer number of development actors, however, means that different programs on similar topics may overlap in locality, time, and target group, making the attribution of program effects among the qualitative study participants in the context of a c-RCT difficult. Also apparent were trends already underway in increasing age at marriage, greater consultation, if not decision-making, among adolescents in the marriage process, lessening restrictions on boys and girls interacting during school activities, shifting expectations for boys and girls to pursue an education, and while less frequently mentioned, but no less important, a slight shift in expectations among some adolescents and their families that girls should seek employment and “become something” before marriage. These shifts, while not equally strong across localities or families, were most consistently attributed to improved educational levels among community members with particular attention to increases in girls' enrollment and the growing social and financial value of education for girls. The consistent attribution of change to educational improvements, particularly among girls, is in

alignment with prior research in Nepal documenting substantial increases in girls' enrollment and generational differences in educational attainment for men and women (United Nations Children's Fund (UNICEF), 2021). Attributions of change also are aligned with global evidence that education is among the most cost-effective development strategies and a consistent protective factor against CEFM (Malhotra & Elnakib, 2021b; Wodon et al., 2017). Narratives from the study participants, made clear that TPI and other programs are beneficial, increased education, and collectively filled gaps that would otherwise remain, given the sheer number of high priority economic and social development challenges the government faces.

Study findings must be interpreted in light of study strengths and limitations. Strengths of the study included the longitudinal design and strong retention of baseline study participants, allowing for within-person changes of time to be examined in depth. Additionally, narratives from adolescents, parents, and community stakeholders provided the opportunity to triangulate across the narratives of theoretically important groups for the programming as well as across the qualitative and the quantitative portions of the study. However, while the content of the qualitative guides was complementary across these stakeholder groups, it was not always directly comparable, complicating the process of triangulation. In addition, while a relatively large number of interviews and group discussions were held, there were few qualitative study participants of each type from each site, limiting comparisons across sites. Finally, the sizable number of secondary outcomes that were hypothesized to contribute to the prevention of CEFM in the quantitative component of the cRCT (Yount et al., 2021)(Yount et al., under review) led to interview guides that interrogated a breadth of topics at the expense of depth in each one. This

made interrogation of the proposed theory of change impossible as saturation was not attainable for each type of agency examined in the quantitative portion of the trial. Investigators limited reporting to themes that reached saturation.

Conclusion

Despite a thoughtful step-by-step approach to intervention development in Nepal, the TPI failed to address the structural barriers and clustering of risk among those most vulnerable to CEFM, highlighting the complexity of intervening on CEFM. Longitudinal narratives of adolescents showed either enduring risk or protection from early marriage and set the stage for the degree of participation and perceived benefit from TPI that adolescents, their families, and their communities could experience. Study findings support growing calls for better alignment of programming to the needs of those most vulnerable, especially the importance of addressing structural challenges including poverty and poor educational attainment as essential steps toward accelerating the decline in CEFM in Nepal and attainment of SDG 5.3.

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