Child marriage and female wellbeing in Bangladesh

Erica Field (Duke),
Rachel Glennerster, Abdul Latif Jameel Poverty Action Lab
Shahana Nazneem (Save the Children)

Background

- Within country and across country:
  - Women who marry as adolescents have worse reproductive health outcomes, health utilization, empowerment, mental health
- What is the main driver: Age of marriage? Education? Cultural attitudes that hinder female advancement?
  - Is there justification for focusing policies on marriage age?
- What policies are effective in shifting age of marriage?
  - Age of consent laws ineffective, currently heavy emphasis on female empowerment programs but little evidence that they work, conditional incentives have rarely been tried and not been tested

Most common current policy approach: Girls' Empowerment Programs & Initiatives

- Some of the ongoing programs:
  - Population Council – 15 ongoing projects, across 13 countries
  - BRAC's Empowerment and Livelihood for Adolescents (ELA) active in six countries
  - World Bank & Nike Foundation– US$20 million Adolescent Girls Initiative
  - UNFPA (UN Population Fund) & Population Council – Adolescent Girls Initiative, 2014-2017 in Africa, Asia/Pacific, Latin America/Caribbean
  - UN Foundation invested $44 million to support girls' empowerment programs
- Common features:
  - Emphasis on creating "safe spaces" for girls
  - Peer-led training
  - Emphasis on negotiation skills
  - Information about rights
  - Livelihoods training

Our study: Kishoree Kontha program (rural Bangladesh)

- Community engagement on issues of adolescent girls
- Created girls learning and recreation centers
- Local girls trained on curricula, regular supervisory visits:
  - reproductive health,
  - negotiation (including role playing),
  - homework help study sessions,
  - nutritional information,
  - health seeking
  - financial literacy
- Met 6 days a week for 1.5 hours, for 6 months

Alternative approach: Financial incentive program

- Parents rewarded for withholding daughters from marriage until they reached (legal) age of consent
- Targeted girls aged 14-16
- 3 liters cooking oil, 3 times a year, Worth $22 a year
- Designed to compensate families for additional cost (in dowry) of marrying later
- Only condition was remaining unmarried
- Administered through existing food security program
- Monitors checked marriage status before each distribution

Evaluation

- Baseline census of all adolescent girls, in-depth survey of 20 HHs per village

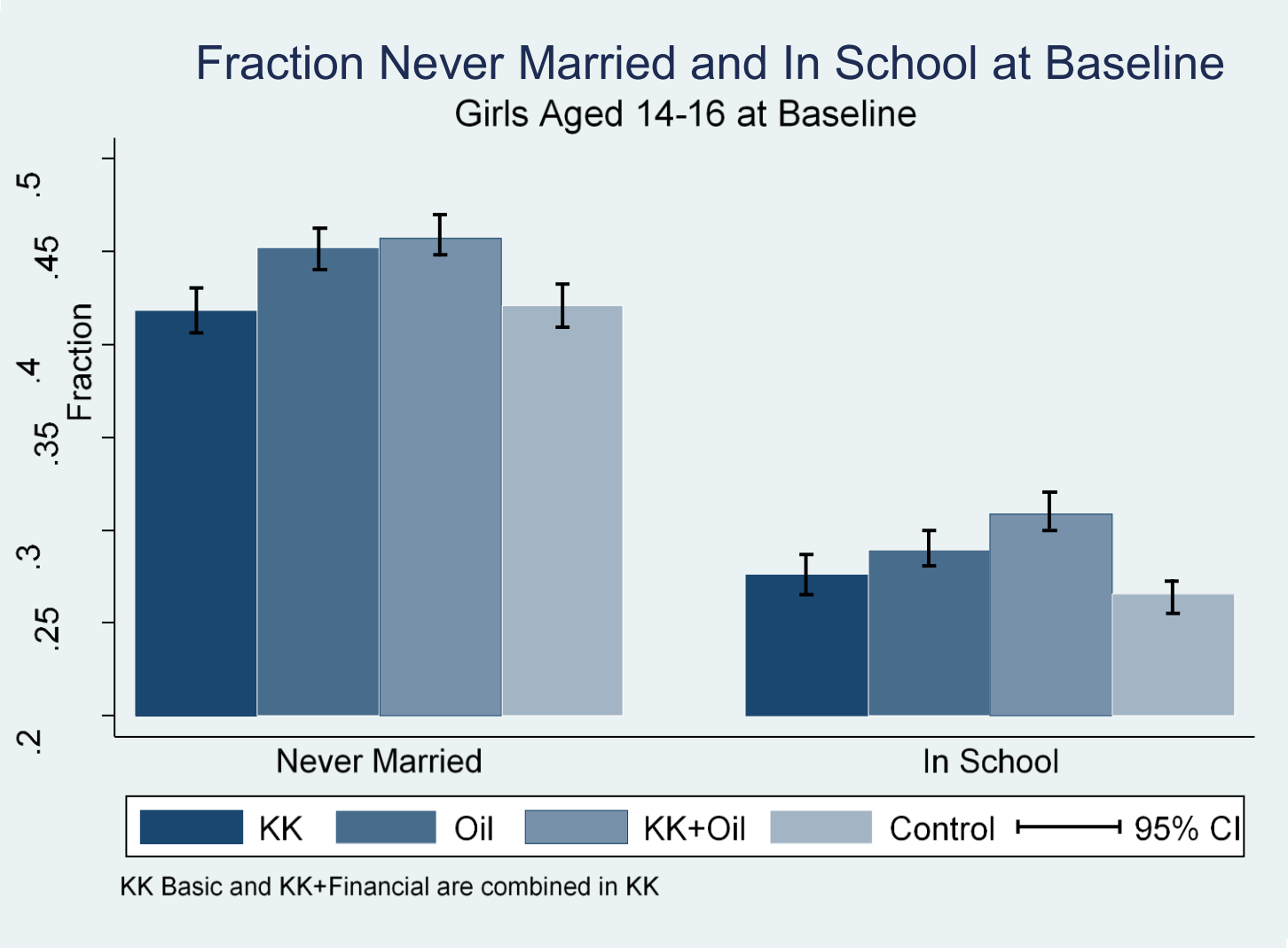
- Midline census 2011 asked whereabouts of all girls in baseline, along with basic marriage and schooling info

- Follow-ups: Household surveys in 2015 and 2018 will track large set of outcomes potentially influenced by age of marriage (health of women and children, fertility, labor market, attitudes/beliefs, marriage outcomes, mental health)

Summary of findings

- A relatively small financial incentive
  - Reduced number of 18 year olds who were married at midline by 10% from base of 49%
  - As effective for both girls that were in school and out of school at baseline
  - Increased proportion of 18 year olds in school by ~20%
- Empowerment program had no significant impact on marriage or schooling
  - Some indication of changes in empowerment measures but we will know more after future rounds of surveying

Short-run results



Results 40% larger for girls that were 14 at start of program (received at least 2 years of program)

Consistent with findings from other empowerment program evaluations

- No evidence of changing age of marriage
- More positive results on reduced risky sexual behavior, self employment from similar BRAC program in Uganda (Bandiera et al., 2012)
  - Different context
  - Older girls, longer program, more vocational training
- But same program in Tanzania did not have any significant effects on girls' outcomes

Going forward:

- What is long run impact of delaying marriage on female wellbeing?

- Follow ups to track outcomes for women and their children
  - Reproductive health –prenatal/antenatal care, birth outcomes
  - Child health and health investment – e.g. immunizations
  - Marriage outcomes – decision-making power, marital discord, domestic violence (with physical measures of DV)
  - Participation in labor market
  - Physical health of woman – anemia, BMI, health care utilization
  - Mental health – K6, hair cortisol

- Policy questions: How to we scale up financial incentive programs or work them into existing infrastructure? In what settings will this be feasible?