



Berhane Hewan: Measuring programmatic impacts on Early Marriage among Female Adolescents in rural Amhara

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Socio-economic profile of Adolescent Girls in Ethiopia



- Among 15 to 19 year old rural adolescent educational attainment is:¹
 - 3.4 years for boys;
 - 2.0 years for girls.
- Late entry contributes to low attainment and high drop out:
 - 34 percent of boys & 26 percent of girls started school after age 10.²

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1 PC tabulations of EDHS 2005

2 PC/MOYs survey of adolescents 10 to 19 in rural Amhara, 2004

Reasons for non-attendance at school, among Amhara adolescents 10 to 19, by sex

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	Boys (n=925)	Girls (n=940)
Family could not afford	46.2	39.9
Too many domestic responsibilities	33.7	14.4
Got married	1.4	30.5
Family does not see the benefit	7.6	7.0
School too far/no schools	4.3	3.3
Other	6.8	4.9
<i>PC/MOYs survey of adolescents 10 to 19 in rural Amhara, 2004</i>		



Marriage in Ethiopia



- Age at marriage is increasing, globally ⁴
- Ethiopia has among the highest rates of early marriage in Africa;
- Rates of marriage during early adolescence – before age 15 – are the highest in East and Southern Africa;
 - 19 percent of Ethiopian girls are married by age 15
- Amhara region has the highest rate of early marriage in Ethiopia;
 - 46 percent of girls married by age 15

Correlations between marriage and SRH issues



- Most marriage are arranged & are not consented to by the bride
- Marital sexual initiation is often forced: 82% of girls did not want to have sex while 81.4% were forced to have sex against their will, some under 10 years
- Girls who marry early, have sex early, exposed to risk early: median age of sex is 14yrs and 16.4yrs for first birth for those that married under 15 years compared to 19.2 years and 21.3 yrs, for those married at 18 yrs, respectively
- Education attainment affects decisions on birth, place of birth and use of contraceptives

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Population Council tabulation of EDHS 2005 survey

Evaluation of Berhane Hewan program



- UNF/Nike funded joint project with the Ministry of Youth & Sports, Population Council and UNFPA Ethiopia
- Baseline survey in experimental and control sites before program started (2004);
- Endline survey in same sites after two years of intervention (2006);
- Control site allows us to measure exogenous changes;
- Changes in experimental site, significantly different from control, attributable to project

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Methodology



- **Population Council (PC)/Ministry of Youth & Sport (MOYS) Adolescent Survey (2004)**
 - Population-based study of 1,865 adolescent boys & girls aged 10 to 19 in rural Amhara
 - Only female respondents used in analysis
- **PC /MOYS Adolescent Survey (2006)**
 - Population based study of 926 adolescent girls 10 to 19
- **Same survey at both rounds, except addition of exposure questions in 2006;**
- **Household listing, followed by random selection of one adolescent per household;**
- **Three attempts to locate sampled adolescent;**
- **Same sex interviewers; informed consent obtained**

Objectives & indicators



Objectives	Indicators
To create safe spaces & increase social networks	<ul style="list-style-type: none"> • Increased friendship networks • Increased access to safe spaces
To increase access to education	<ul style="list-style-type: none"> • Increased school attendance
To increase knowledge and use of reproductive health (RH) services	<ul style="list-style-type: none"> • Increased RH knowledge • Increased discussion of RH topics • Increased use of family planning (FP)



Extensive exposure to the intervention; No contamination in the control site



- 92 percent of girls in the programme area had heard of ‘Berhane Hewan’ Adolescent Girls’ Program;⁹
- Not one girl in the control site had heard of the program;
- 85 percent of programme girls participated in the program
 - 52 percent supported to remain in school
 - 23 percent in group for unmarried girls;
 - 10 percent in married girls’ groups
- 73 percent of girls attended a community conversation, mainly on early marriage or HIV/AIDS

Analysis

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- **Descriptive and multivariate analysis measuring changes in:**
 - **Social networks and participation;**
 - **Educational attendance;**
 - **Marital status;**
 - **Reproductive health knowledge, communication;**
 - **Family planning use.**



Significant increases in social networks and participation



Social networks & participation among experimental and control respondents, by time of survey

	Baseline		Endline	
	Project (n=282)	Control (n=416)	Project (n=678)	Control (n=621)
Have many friends in the community	39.3	60.8***	58.4	56.5
Have a non-familial best friend	30.1	48.2***	50.9	54.2
Have a place outside home/school to meet same sex friends	10.3	16.9*	18.5	17.8
Socialized with other girls in the last week	8.5	23.8***	21.4	20.1

Differences between groups significant at: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Significant increases in educational participation



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Educational participation among experimental & control respondents, by time of survey and age group

	Age 10 to 14				Age 15 to 19			
	Baseline		Endline		Baseline		Endline	
	Exp.	Cont	Exp.	Cont	Exp.	Cont	Exp.	Cont
Ever attended school	70.8	81.8*	96.5	93.4	44.2	34.6	60.3	58.2
School status (ln)	69.6	77.5	95.9**	89.0	38.4	27.3	48.5	54.2

Differences between groups significant at: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Changes in patterns of marriage



Marriage among experimental & control groups, by time of survey & age group ¹³

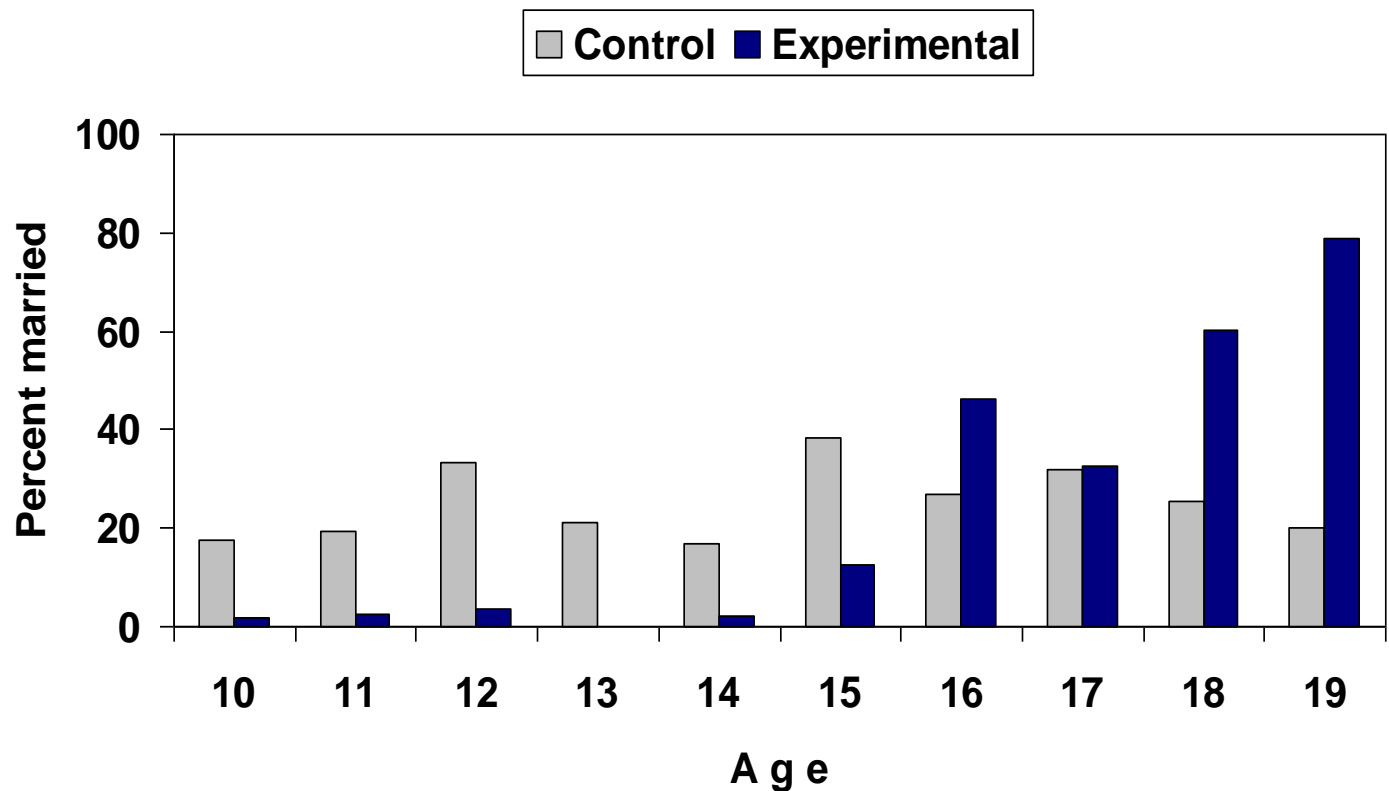
	Age 10 to 14				Age 15 to 19			
	Baseline		Endline		Baseline		Endline	
	Exp.	Cont	Exp.	Cont	Exp.	Cont	Exp.	Cont
Ever married	9.5	13.9	1.6	22.1***	46.0	57.1	45.8***	29.7
Married in the last year	1.3	1.6	0.0	4.8***	8.6	19.8*	7.4	3.9

Differences between groups significant at: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Significant delays in marriage from early to later adolescence



Percent of adolescent girls married at endline, by age & area of residence ¹⁴



Significant increases in reproductive health knowledge and communication

Reproductive health knowledge and communication among experimental and control respondents, by time of survey 15

Knowledge	Baseline		Endline	
	Project	Control	Project	Control
Know a healthy looking person can have HIV	65.2	77.9*	88.2***	71.8
Know there is no cure for HIV/AIDS	53.4	64.9**	88.5***	77.8
Mentioned intercourse as a mode of HIV transmission	78.7	84.7*	92.9*	89.2
Communication				
Discussed HIV/AIDS	30.1	34.9	79.4***	58.5
Discussed family planning	29.5	37.7*	58.1***	44.8
Discussed condoms	13.0	21.4*	24.3**	18.1
Discussed violence in community	24.9	38.2**	50.8**	41.4

Differences between groups significant at: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$



Significant increases in use of family planning

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Ever use of family planning among experimental and control respondents, by method and time of survey

	Baseline		Endline	
	Project	Control	Project	Control
Pills	34.5	23.3	28.7	21.4
Depo/ injectable	34.5	31.0	66.4***	42.1
Condoms	5.2	1.7	2.1	0.0
Ever use of any FP method	43.2	36.1	74.1***	44.8

Differences between groups significant at: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$



Summary of Berhane Hewan Impact



Indicator	Age 10 to 14	Age 15 to 19	All ages
Social networks & participation	n/a	n/a	Improvement in project site
Educational participation	Significant improvement	No change	n/a
Marital status	Significant improvement	Significant decline	n/a
RH knowledge	n/a	n/a	Significant improvement
RH communication	n/a	n/a	Significant improvement
Family planning use	n/a	n/a	Significant improvement

Improving girls' lives through effective programming



- Berhane Hewan is one of Africa's first rigorously evaluated programs aiming to delay marriage and increase educational participation;
- Program was extremely well implemented, with high coverage;
- Demonstrates that significant changes in marriage and education can be effected in relatively short time period.

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