The Extending Service Delivery (ESD) Project, funded by USAID’s Bureau for Global Health, is designed to address unmet need for family planning (FP) and increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, in order to improve health and socioeconomic development. To accomplish its mission, ESD strengthens global learning and application of best practices; increases access to community-level RH/FP services; and improves capacity for supporting and sustaining RH/FP services. ESD works closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

PROBLEM
Yemen is among the 20 “hot spot” countries for child marriage. 1 Nearly half of all Yemeni girls are married by age 17, 14 percent are married by age 14, and in some rural communities girls as young as nine are betrothed. 2

Child marriage is a harmful traditional practice that predisposes girls to forced sexual relations and early childbirth with an older spouse, 3 adversely affecting girls’ health, and general development. It also increases girls’ vulnerability to other forms of violence within the home. Essentially, it is both a human rights and public health problem. Despite the fact that many developing countries socially sanction this practice, and even consider it a social necessity, 4 child marriage robs girls of their childhood and education, increases their risk to injury and disease, traps them in the cycle of poverty, and prevents them from reaching their full potential.

Child marriage is a major factor contributing to Yemen’s high fertility, population growth, and maternal, infant and child mortality and morbidity rates. Coupled with its diminishing oil and water reserves, population growth is one of the three most significant developmental challenges facing Yemen. 5

Many parents believe that investment in girls’ education is wasteful when she is simply going to be married and contribute to the economic well-being of another household. In countries like Yemen, child marriage is defended as a strategy to protect girls’ honor, eliminate dowry payment through the practice of bride exchange, 6 or to pass the economic burden of girls’ care to others. Although the causes of child marriage are complex, varied and interlinked, the practice forces girls to assume responsibilities and handle situations for which they are physically, mentally and emotionally unprepared.

“SAFE AGE OF MARRIAGE” INTERVENTION
To mitigate this problem, ESD, in partnership with BHS and the YWU, has implemented a community-based pilot intervention called the “Safe Age of Marriage” in Al-Sawd and Al-Soodah districts in Yemen’s Amran governorate. The intervention has aimed to foster change in social norms and communities’ attitudes to early marriage, promote

1 Hot spot countries are countries with the highest child marriage prevalence.
4 UNDP Yemen Country Profile, 2002.
5 YDHC, 1997.
6 According to Jeffrey Sachs, the architect of the UN Millennium Development Goals; Amnesty International 2009. Yemen’s Dark Side: Discrimination and Violence Against Women and Girls.
girls’ education, and advance the rights of the girl child through the following objectives:

i. Improve community knowledge of the social and health consequences of child marriage.

ii. Strengthen community support for keeping girls in school as an alternative to child marriage.

iii. Secure endorsement of religious leaders and stakeholders of increased age of marriage.

This one-year program adapted promising practices, and developed a model to raise awareness of the effects of child marriage in rural communities. Al-Sawd and Al-Soodah districts were chosen as representative of rural Yemeni communities, with 58 percent of six- to 14-year-old girls and 8 percent of girls aged 15 and above enrolled in school.

**Baseline Survey**

The project has selected and trained 20 male and 20 female volunteer community educators, including religious leaders and nurse midwives. In December 2008, these community educators carried out a baseline survey of 400 households to assess the knowledge, attitudes and practice of child marriage in Al Sawd and Al Soodah. Results indicated:

- The majority of the population is illiterate (only 1% women have some schooling);
- 71% of mothers and 21% of the fathers themselves had married before reaching 18 years of age;
- 38% of the mothers had their first child before the age of 18; and
- Each family had an average of 7.6 children.

Furthermore, baseline findings showed that although 70 percent of the sample population believed 18 to 24 was the best age of marriage for girls, 59 percent of the families married off their daughters before the age of 18. The majority of girls married between the ages of 14 and 15, and 14 percent married when they were younger than 13. In comparison, 60 percent of the sample population considered 20 the best age of marriage for boys. In practice, 46 percent of their sons married between the ages of 20 and 24, and 60 percent of their wives were under the age of 18.

In addition to the baseline, a focus group discussion (FGD) with 12 unmarried girls (9-15 years of age) took place to assess their dreams and aspirations. Results indicated that:

- Because of the rigid gender norms that confine women and girls to the private sphere, the girls believed that they could not combine a career with marriage; they had to choose one or the other.
- Although one girl said that her family expects her to marry now, all the girls believed they had to marry by the time they are 20.
- Prior to the FGD, none of the girls came across a woman who was married off at a young age, managed to complete her education, have children, and pursue a professional career.
- Most girls aspired to become doctors or teachers; both socially acceptable professions for women in Yemen.

**Workshop Training**

In February 2009, the community educators attended a six-day participatory training workshop to conduct outreach educational activities with families in their communities. The workshop employed interactive training, and challenged participants to re-examine socio-cultural and religious norms, and practices related to child marriage.

**Outreach Educational Activities**

Each community educator was responsible for holding a minimum of four awareness-raising sessions per month, using a range of techniques, such as: discussions, role-plays, storytelling, poetry recitations, and debates. The sessions were held in schools, literacy classes, health centers, mosques,YWU branches, and during other social gatherings.
gatherings. The community educators also organized and held monthly fairs, where BHS's mobile clinic was present to provide family planning/reproductive health/maternal and child health services to mothers and children. The mobile clinic attracted many women, and some health fairs featured influential speakers, such as the governor, representatives from the Ministry of Public Health and Population, the Ministry of Education, and key religious leaders. In addition, community educators set up information booths and showed a local movie about a Yemeni girl who was married off at a young age and died in labor. The movie was followed by a discussion facilitated by the community educators on the consequences of child marriage.

The community educators worked with the YWU coordinators to engage 9- to 15-year-old students to develop and perform school plays on the health and social consequences of early marriage and to launch a magazine competition between 20 schools. Students submitted stories, poems and caricatures on the social and health consequences of child marriage and the importance of completing high school education. Copies of the winning magazine were distributed to community members.

The community educators were involved in the selection of 10 model families (five per district) who not only delayed the marriage of their daughters, but ensured that they completed 12th grade. These families were awarded a plaque for their role during the end of project ceremony officiated by the Amran governor. The community educators also conducted an end line survey to assess changes in knowledge, attitudes and behaviors related to child marriage.

**The Beginnings of Social Change**

Over the life of the one-year pilot program, community educators conducted over 1,316 outreach interventions, reaching nearly 29,000 people and were instrumental in postponing/preventing 53 girl-child and 26 boy-child marriages. They were also involved in other project activities, such as development and distribution of four newsletters, a brochure, and three radio messages (aired three times daily for four months); seven community fairs; school-based education and essay competitions among students in 20 schools; and an end-of-project ceremony honoring 10 model families and highlighting project activities and findings, including results of disseminating findings from focus group discussions with young girls about their future dreams and aspirations.

**Outcomes**

End line survey indicates that there was an 18% increase in awareness about the benefits of delaying marriage (77% at baseline to 95% at endline).

<table>
<thead>
<tr>
<th>STATED BENEFITS TO DELAYING GIRLS’ MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFITS</td>
</tr>
<tr>
<td>MORE OPPORTUNITIES FOR EDUCATION</td>
</tr>
<tr>
<td>WORK OPPORTUNITIES</td>
</tr>
<tr>
<td>ECONOMIC INDEPENDENCE</td>
</tr>
<tr>
<td>FREEDOM TO MAKE FAMILY CHOICES</td>
</tr>
<tr>
<td>HAPPIER MARRIAGES</td>
</tr>
<tr>
<td>HEALTHIER PREGNANCY</td>
</tr>
<tr>
<td>HEALTHIER CHILDREN</td>
</tr>
</tbody>
</table>

Also, there was a 16% increase in agreement that there is a relationship between early marriage, early pregnancy and child bearing from 53% at baseline to 69% at endline.

In Yemen, 47% of girls are married before the age of 17. They say: *It is not our choice; it is up to our fathers.*

The Ministry of Religious Affairs in Amran asked all religious leaders to disseminate messages on the health and social consequences of child marriage in their Friday sermons. Meanwhile, community members began mobilizing to build a girls’ school and hire female teachers, successfully nominated a female community educator to
become a school principle.

**CHALLENGES AND LESSONS LEARNED**

**Program Planning**

- **Maximize reach through collaboration with government initiatives:** Coordinate the start-up activities, especially the dates of training workshops with major government activities. An overlap with the Ministry of Health’s national vaccination campaign and political elections delayed the training workshop, as community educators and YWU coordinators were involved in the campaign and elections.

- **Promote local buy-in:** Work through local and national organizations to counter local suspicion about the motives of foreign aid in supporting changes in social habits. Actively engage religious leaders, the main gatekeepers in rural communities, to increase the acceptance of the project.

**Cultural**

- **Counteract gender inequities by addressing special needs of female community educators:** Since Yemen is a patriarchal society and enforces gender segregation, the female community educators were reticent to ask questions and voice their concerns during the training workshop. Their literacy skills and basic knowledge on reproductive health and family planning were lacking, as compared to their male counterparts.

- **Incorporate outreach activities that build on cultural preferences:** Male community educators used poetry to convey the harmful social and health consequences of child marriage, whereas female educators used stories.

**Political**

- **Minimize political and religious opposition:** Make the effort to select community educators who belong to the major political parties in the country. Become familiar with the arguments for and against the child marriage and rights of the girl child to minimize the politicization of the issue and accusations such as: “This is a western project”, “they want to spread sin”, and “they want to limit the Muslim population.”

- **Engage political leaders in basic project messages:** Share the negative social and health consequences of child marriage with political leaders and parliamentarians.

**Capacity Building**

- **Strengthen capacity of implementing agency:** Take the time to assess the knowledge and skills of the staff, especially planning, implementing, monitoring and supervising project activities. Develop a step-by-step guide, including checklists, to improve the efficiency and effectiveness of YWU coordinators. Work with implementing agency to appoint a full-time project coordinator at the implementation site to supervise and monitor senior YWU coordinators overseeing the project activities of community educators. Replace traditional/hierarchical supervision with supportive supervision.

- **Strengthen facilitation skills of community educators:** Train community educators on a range of facilitation techniques to use when disseminating their messages to lessen message fatigue on child marriage.

**NEXT STEPS FOR SCALING-UP**

Through technical assistance from ESD and BHS, the pilot project is now being scaled-up in two Amran districts of Thula and Raydah. YWU is gradually assuming the management oversight of the activities as BHS and ESD come to an end. Due to the entrenched religious beliefs that Islam condones child marriage, the YWU is planning to engage a larger proportion of religious leaders as community educators to address these religious misconceptions. In addition to assuming the management of Safe Age of Marriage activities, the YWU has been actively lobbying with Yemeni government for a change in Yemeni law that would prohibit the marriage of girls under age 17.

This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

All brand names and product names are trademarks or registered trademarks of their respective companies.

**THE EXTENDING SERVICE DELIVERY PROJECT**

1201 Connecticut Ave., N.W., Suite 700
Washington, DC 20036
Phone: 202-775-1977
Fax: 202-775-1988
www.esdproj.org

**PATHFINDER INTERNATIONAL**

(Contact for this project after September 2010)
9 Galen Street, Suite 217
Watertown, MA 02472, USA
Phone: 617-924-7200
www.pathfind.org

**ESD IS MANAGED AND DIRECTED BY:**

**PATHFINDER INTERNATIONAL**

**PARTNERS INCLUDE:**

**THE END**