



## Editorial

## A Groundbreaking Systematic Review, but That Alone Is Not Enough to Change the Course of Programming on Child Marriage Prevention



In this issue of the *Journal of Adolescent Health*, Anju Malhotra and Shatha Elnakib have published a review titled “20 years of the evidence base on what works to prevent child marriage: A systematic review” [1]. In this commentary, we reflect on the contribution of this review to the global discourse, comment on its central question and conclusions, and reflect on the authors’ interpretation of the review’s conclusions and their recommendations for action and research.

We compliment the authors on their review, which represents a substantial contribution to the field of child marriage prevention. Although the review is limited to English language publications, it brings together a huge body of research by summarizing the findings from 34 publications on 30 research studies and evaluations. Its time frame covers the period from 2000 to 2019. In doing so, it covers the 15 years of the Millennium Development Goals era and the first 5 years of the Sustainable Development Goals era. It includes studies and evaluations that used a wide range of methodologies, most notably a number of more rigorous single-component and multi-arm studies completed and reported on in the last 5 years. The authors assessed the quality of the studies/evaluations and considered not only the effectiveness of interventions and intervention packages but also scale and sustainability. They deserve to be commended for their meticulous and painstaking analysis.

We believe that the central question of the review is very important: namely, what interventions and intervention packages should we—as the global community—implement at scale to achieve the ambitious goals we have set to end child marriage and most importantly what should we *not* invest in? In their introduction, the authors adeptly make the case for answering this question (i.e., that decision-makers at the country level and those who support them need to know what investments to make to achieve the Sustainable Development Goal target on ending child marriage), as well as why it has not yet been answered (i.e., because of a limited evidence base, descriptions and analyses that made classifying the interventions used to

prevent child marriage difficult, and little attention to scale and sustainability).

We also concur that the four central conclusions of the review appear to flow logically from the available evidence. First, single-component approaches appear to be more effective at preventing child marriage than multicomponent approaches and that they are more likely to be delivered at scale and sustained over time. Second, interventions to increase girls’ human capital and opportunities (i.e., providing conditional cash transfers for girls’ schooling, expanding labor market opportunities, and fostering the development of livelihood skills) appear to be most effective in preventing child marriage. Meanwhile, conditional cash transfers for delaying marriage and gender rights and life skills training show mixed results, and unconditional cash transfers appear to be ineffective at preventing child marriage.

However, we question the authors’ interpretation of these conclusions and their recommendations for action and research: first, that enhancing girls’ human capital and opportunities is the most compelling pathway to delay marriage, and second, that the field should reconsider the use of multicomponent approaches, given their low rates of success, scale-up, and sustainability.

With regard to the former, as the authors rightly mention in the introduction, programming and research on child marriage prevention and mitigation to date have focused on a vast array of interventions and combinations of interventions with different primary and secondary outcomes of interest. This has contributed to the lack of clarity on effective pathways of change. In addition, as the findings of the review show, some interventions appear to be effective in some contexts, but not in others. For example, as the authors show in Table 3C, community mobilization showed positive effects in Burkina Faso, mixed effects in Ethiopia, and a null effect in Tanzania. As such, we assert that the pathways through which child marriage can be prevented likely differ from one context to the next or are perhaps even multiple depending on the particular drivers of child marriage in a context. The authors voice this ambiguity themselves, for

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**Conflict of interest:** The authors declare that they work for the World Health Organization, which is mentioned in the commentary.

<sup>1</sup> These authors are joint first authors.

example, in their discussion on the lack of clarity regarding the contexts in which asset transfers work to delay marriage, the assets (e.g., livestock, cooking oil) that are considered valuable enough to do so, and the period over which they must be delivered.

With regard to the latter, although we agree with the authors that multicomponent approaches appear to show low rates of success from the available evidence, we note with interest that some individual components of these multicomponent approaches were, in fact, effective when delivered on their own. For example, the review found that although the majority of girls' empowerment-focused multicomponent approaches were ineffective, gender rights and life skills training were effective on its own in Pande et al.'s single-component evaluation and Amin et al.'s multi-arm evaluation. Given this, we question whether the lack of success of multicomponent approaches is because of the lack of effectiveness of the intervention packages themselves or a product of the challenges of implementing and evaluating them. Staying with the same example, it is well acknowledged that gender rights and life skills training is a complex intervention to deliver with quality and fidelity, especially at scale. Thus, it is not entirely surprising that it showed more positive impact when delivered as a single-component approach (which, as the authors note, may be more intense, of longer duration, or implemented at higher quality) than in a multicomponent approach. If we consider such implementation and evaluation challenges, it is also logical that conditional cash transfers, which—once their required commitment and resources are available—are relatively straightforward to implement with quality and fidelity at scale, showed consistency in their rates of success and scale-up. The authors acknowledge these possibilities in their discussion and call for more systematic documentation and analysis of implementation processes, which we fully endorse. However, we believe that these concerns are important enough to warrant more serious qualification of the review's conclusions.

In 2006, the World Health Organization (WHO) published a systematic review of the evidence on what works to prevent HIV infection in young people in developing countries [2]. The review used a standardized seven-step approach to assess the evidence for effectiveness:

1. Define the key types of interventions that policy-makers need to choose between in the setting under consideration
2. Define the strength of evidence that would be needed to justify widespread implementation of the intervention
3. Develop explicit inclusion and exclusion criteria for identifying the studies to be included in the review
4. Critically review all eligible studies and their findings, by intervention type
5. Summarize the strength of the evidence on the effectiveness of each type of intervention
6. Compare the strength of the evidence provided by the studies against the threshold of evidence needed to recommend widespread implementation
7. From this comparison, derive evidence-based recommendations related to the implementation of each type of intervention in the setting or population group and allocate to one of the following categories based on the strength of the evidence:
  - **GO!:** Go to scale with the intervention, now, with monitoring of coverage and quality

- **Ready:** Implement the intervention widely but evaluate it carefully
- **Steady:** Further research and development of the intervention is needed, although it shows promise of potential effectiveness
- **Do not go:** The evidence is against implementation of the intervention

The WHO review separated the strength of evidence on the effectiveness of interventions (in Step 5) from the threshold of evidence needed to warrant a decision for the widespread implementation of intervention (Step 6). In doing this, it went beyond reviewing the evidence to considering whether the available evidence was adequate to make policy and programmatic decisions that could have potentially beneficial and potentially harmful consequences. WHO's guideline development process takes this one step further; it bases its recommendations on the evidence of effectiveness alongside other programmatic considerations, such as feasibility, cost, and potential risks to individuals and communities and to the functioning of programs [3].

These steps were not been carried out by Malhotra and El Nakib. Given this, although we agree with the findings of their analysis, with the caveats we have stated, our sense is that their recommendation to change the course of programming is premature. In other words, without the crucial step of considering the evidence of effectiveness they have generated alongside a careful analysis of the potential benefits and risks, it is too early to change the entire orientation of programming for child marriage prevention—either with regard to human capital versus gender rights and life skills interventions or to single versus multicomponent approaches. Encouragingly, these questions are being dealt with in the update of the WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries, which is currently in process [4]. In the meantime, as suggested by Malhotra and El Nakib, and separately by the participants of an experts' meeting on research gaps on child marriage organized in 2019, we posit that two actions can be taken to deepen our collective knowledge and understanding in this area: first, retrospective documentation and evaluation of scaled-up projects and programs to prevent child marriage, and second, prospective implementation research to unpack the influence of implementation and evaluation challenges on the effectiveness of various interventions and intervention packages on preventing child marriage [5].

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