Unlocking the Potential of Women and Adolescent Girls in Madagascar

Challenges and Opportunities in Enhancing Girls’ and Women’s Agency
Unlocking the Potential of Women and Adolescent Girls in Madagascar

Challenges and Opportunities in Enhancing Girls’ and Women’s Agency

WORLD BANK GROUP
# Table of Contents

Abstract ........................................................................................................ 6
Acknowledgments ....................................................................................... 7
Abbreviations .............................................................................................. 8
Introduction .................................................................................................. 9
Limitations in girls’ and women’s decision-making capacity. ....................... 13
Gender-based violence. ............................................................................... 16
Child marriage: A prevalent manifestation of GBV in Madagascar. .......... 20
Drivers of child marriage. ......................................................................... 23
  Girls’ reasons to pursue marriage. .......................................................... 23
  Parents’ reasons to marry off their daughters ....................................... 25
Protective factors to delay marriage .......................................................... 28
Policy recommendations .......................................................................... 30
  Strategic direction 1: Empower girls and young women to delay early
  family formation .................................................................................. 32
  Strategic direction 2: Prevent GBV and address its consequences .......... 33
Appendix A. Methodology of the qualitative background study. ............... 36
Appendix B. Legal framework for gender equality ................................. 40
References ................................................................................................. 42
Abstract

This thematic note is part of a broader mixed-method study on gender inequalities in Madagascar, which intends to illustrate the key gender gaps in the country and shed light on the unique challenges that young Malagasy women face in their educational, professional, and family trajectories. Due to the persistence of financial, social, and institutional barriers, Malagasy women and girls encounter significant disadvantages across all dimensions of well-being and are unable to access opportunities in an equal manner with men and boys in the country. They are largely constrained in their ability to accumulate human capital in education and health, and to participate in economic opportunities; and they face severe limitations in agency and decision-making, particularly with respect to family formation. Women and girls also appear to be disproportionately affected by the impacts of climate change and the COVID-19 pandemic, which further widen preexisting gender gaps and amplify vulnerability to poverty, violence, and discrimination. This thematic note provides in-depth analysis of the limitations that Malagasy women and girls encounter in respect to their agency and proposes several strategic lines of action to improve women’s and girls’ voice and decision-making and to eliminate all forms of GBV. This note is accompanied by the overview of all study findings and three thematic notes that present in-depth insights in the following key dimensions: education, health, and economic opportunities.
Acknowledgments

This note is part of a study on gender disparities in Madagascar; the Overview of this study is available as “Unlocking the Potential of Women and Adolescent Girls—Challenges and Opportunities for Greater Empowerment of Women and Adolescent Girls in Madagascar.” The study was conducted by a core team composed of Alina Kalle and Miriam Muller. The report benefited from important contributions by Tamara Bah, Joaquin Gustavo Betancourt, Ursula Casabonne, Fatoumata Dieng, Alexandra Jarotschkin, Francis Muamba Mulango, Esperance Mukeshimana, Stephanie Kuttner, Carmen de Paz, Sabrina Razafindravelo, Hiska Noemi Reyes, Paula Tavares, and David Seth Warren. The team is grateful to peer reviewers Andrew Brudevold-Newman, Tazeen Hasan, and Ana Maria Oviedo for their thoughtful inputs. Honora Mara edited the report. Karem Edwards provided excellent administrative support throughout. The team worked under the guidance of Benu Bidani, Marie-Chantal Uwanyiligira, and Pierella Pacci. A team from Ivorary Consulting collected, transcribed, translated, and coded the qualitative data. This research was funded by a grant from the Hewlett Foundation. Finally, our deepest gratitude to all key informants and to the women, girls, and parents who shared their personal stories with us.
**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>EPM</td>
<td>Permanent Household Survey</td>
</tr>
<tr>
<td>GBV</td>
<td>gender-based violence</td>
</tr>
<tr>
<td>IPV</td>
<td>intimate partner violence</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicators Cluster Survey</td>
</tr>
<tr>
<td>PD</td>
<td>positive deviant</td>
</tr>
<tr>
<td>SRH</td>
<td>sexual and reproductive health</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WBL</td>
<td>Women, Business, and the Law</td>
</tr>
<tr>
<td>WDI</td>
<td>World Development Indicators</td>
</tr>
</tbody>
</table>
Introduction

While gender equality matters in its own right, investments in the social and economic empowerment of women and adolescent girls have the potential to translate into long-lasting economic growth and overall development for Madagascar. According to global evidence, women's empowerment brings instrumental value for families and for society at large, because it is positively correlated with reduced poverty and food insecurity, with improved labor productivity, and with better chances for future generations (Aguirre et al. 2012; Allendorf 2007; Mulugeta et al. 2021). Evidence also shows that investing in the human capital and empowerment of adolescent girls in particular protects progress made in childhood, accelerates productivity and economic growth, and safeguards the health of the future adult population (Levine et al. 2008). Therefore, focusing investments to ensure the health, education, and empowerment of adolescent girls is a strategic action likely to result in long-term gains for economic growth and sustainable development.

This note is part of a broader mixed-method study on gender inequalities in Madagascar, which aimed to generate knowledge and deepen understanding of gender inequalities and their drivers in Madagascar with a focus on adolescence; to explore challenges and opportunities that adolescent girls face in making decisions about family formation, education, work, and the intersection of these elements; and to identify institutions and strategies that support young women in their decisions about education, work, and family formation. The broader study has three main inputs: a quantitative analysis, a literature review, and a subsequent qualitative in-depth study. The quantitative analysis explored the status of gender gaps across multiple dimensions (human capital, economic opportunity, and women's agency) by socio-demographic characteristics, identified regions with the most severe gender gaps, and assessed the country's development in reducing gender disparities over the past two decades. (See box 1 for a list of the quantitative data sources used in this report.) In addition, the team has completed a review of the current legal system and a literature review on gender in Madagascar and on what works to close gender gaps across dimensions based on evidence from the Sub-Saharan Africa region (World Bank 2023).

Box 1. Sources of the quantitative data for the analysis

- Afrobarometer Round 7 Survey on gender attitudes
- Demographic and Health Survey (DHS) 2008–09 and 2021
- International Labour Organization (ILO) estimates
- Multiple Indicators Cluster Survey (MICS) Madagascar 2018
- Permanent Household Survey (EPM) 2021–2022
- United Nations Educational, Scientific and Cultural Organization (UNESCO) statistics database
- The World Bank's Women, Business, and the Law data set 2023
- The World Bank's World Development Indicators (WDI) database
In addition to the quantitative assessment, the team has conducted a qualitative research, which included individual in-depth interviews, focus group discussions, and key informant interviews\(^1\) in three geographically diverse regions in Madagascar: Analamanga, Atsimo-Atsinanana, and Sofia.\(^2\) In-depth interviews were conducted with young women ages 18–24 and with mothers of adolescent girls. A subsample of young women consisted of positive deviants—young women who managed to succeed in their educational and work endeavors despite encountering the same socioeconomic barriers as other participants. In addition, focus group discussions were held with women ages 25–34 and with mothers and fathers of adolescent girls. Key informant interviews were conducted with religious and traditional leaders; local elected officials; and representatives from civil society and from the education, health, and private sectors.

**The key findings from this mixed-method study are:**

- **Access to education is a challenge for all in Madagascar, but girls face additional gender-specific barriers.** Although girls outnumber boys in primary and secondary school attendance and completion, the access to schooling is very low for all children: only 36.6 percent of girls and 34.3 percent of boys ages 12–15 complete lower secondary school (WDI UNESCO statistics database 2019). Moreover, the overall rate of educational attainment remains concerningly low and a significant share of adult women is illiterate (23.9 percent vs. 21.4 percent for men; DHS 2021). Although free on paper, attending school involves multiple indirect costs—uniforms, school materials, fees, lunches, and other unforeseen expenses—that are often exacerbated by the impacts of climate change on school infrastructure. Parents are expected to make financial or in-kind contributions to the salaries of unsubsidized non–civil servant teachers, who in some cases make up most of the teaching staff. In addition to the overall scarcity of schools, existing schools often lack appropriate facilities and capacity to accommodate all students. Participation in farming and widespread engagement in labor activities interrupt the school trajectories of adolescents (both girls and boys). Although most of the barriers in access to schooling are universal, girls’ chances to complete secondary education are lowered by high involvement in domestic chores, gender-based violence in schools, limited agency, and—above all—child marriage and early pregnancy.

- **Access to sexual, reproductive, and maternal health services remains limited, especially for adolescent girls and young unmarried women.** Malagasy women and girls are largely disadvantaged in knowledge on and access to maternal, sexual, and reproductive health services, as seen from a low share of professionally

---

1 For more details on the methodology, see appendix A.
2 The selected regions not only represent various geographical areas in Madagascar but also differ significantly in terms of gender disparities. Analamanga (center, represented by the capital city Antananarivo) stands out in Madagascar for its relatively low rates of child marriage and women’s illiteracy as well as a high secondary school attendance rate among girls. In contrast, Sofia (north) and Atsimo-Atsinanana (south) demonstrate particularly high gender gaps in literacy, school attendance and prevalence of child marriage. More information on the choice of regions can be found in appendix A.
assisted births (45.8 percent) (DHS 2021) and a high unmet need for contraception (14.6 percent). Maternal mortality rate is also high (335 deaths per 100,000 live births) (WDI 2017). Overall, the scarcity of health centers and prohibitive costs of consultations limit women’s and girls’ access to health services in general. At the same time, young women’s chances of seeking SRH services are further constrained by the lack of reliable sources of information on SRH, absence of quality youth-friendly clinics, and negative social norms that discourage use of family planning services among unmarried women/ women without children. All those barriers contribute to high share of teenage pregnancies (31.1 percent of girls ages 15–19 have begun childbearing) (DHS 2021), which is associated with numerous risks for girls’ well-being, with potential long-term adverse effects for their education, health, employment opportunities, and vulnerability to poverty.

• **The continuum of barriers to finding good-quality employment disproportionately affects women and girls.** Malagasy women are less likely than men to participate in the labor market: 71.3 percent versus 82.4 percent respectively (EPM 2021–22). Moreover, women have limited access to better-quality jobs: only 24 percent of working women are waged employees versus 35 percent of working men, and female employees are over-represented among contributing family workers (14 percent vs. 5 percent of male workers) and in subsistence farming (32 percent vs. 23 percent respectively) (EPM 2021-22). This lack of access to better-quality jobs can be partially explained by the factual absence of jobs and the existence of legal forms of discrimination that prevent women from undertaking certain jobs (e.g., in the industrial sector). Additionally, young women lack required skills and competencies, knowledge, clear vision and instruments on how to translate their job aspirations into action. Based on the interviews, women also encounter discrimination based on their gender, ethnic origin, and physical appearance in the recruitment process; women in informal employment often face degrading working conditions, low and unstable income, and abuse and sexual harassment by their bosses.

• **Women and girls are strongly limited in their agency and decision-making power,** as manifested in high rates of intimate-partner violence (41 percent of ever-partnered women have experienced at least one of its forms) and child marriage (38.8 percent of women ages 20–24 were married by age 18) (DHS 2021). The onset of family formation occurs at a very early age for many Malagasy girls and young women. For many poor girls and their families, the decision to start a family at a very early age is driven by the lack of means, as the marriage ritual implies economic benefits for the household (a dowry). In addition, widespread negative attitudes toward unmarried women and to out-of-wedlock pregnancies often drive adolescent girls and their families to pursue marriage early, partly in order to comply with social norms and expected patterns of behavior. Importantly, practices of child marriage are diverse and show striking geographical differences. With the exception of the capital Antananarivo, child marriage is often celebrated under customary law.

Based on the in-depth interviews and focus group discussions from three regions in Madagascar, a number of intersecting and interconnected factors constrain the well-being of Malagasy girls and women, with long-term effects on their ability to make
informed life decisions and hope for a better life (figure 1). Overall, poverty and lack of means (financial, economic, and social capital) are the major barriers that prevent adolescent girls and young women from accumulating their human capital, delaying early family formation, accessing better-quality jobs, and having a hope for a better future. Additionally, patriarchal social norms and inequitable gender roles largely drive the observed inequalities: the pressure to comply with socially accepted patterns of behavior drives many young women (especially those from the poor households) to start family formation at a very early age, often compromising their chances to complete their schooling and access better-quality jobs later in life. Moreover, women’s inability to access basic services and participate in economic opportunities can be attributed to limited institutional capacity and service delivery. Finally, vulnerability to shocks and climate change poses additional challenges and disproportionately affects women by exacerbating their burden of domestic work, amplifying food insecurity and malnutrition, and obstructing access to education. Altogether these factors severely restrict the context in which adolescent girls and young women can operate and advance in life, often not leaving them options or choices. Across all themes, even when options or choices are available, young women fundamentally lack agency, or the ability to make decisions and act on them. Importantly, while gender gaps are high overall, women and girls from rural areas and poor households are particularly disadvantaged.

Figure 1. Structural issues affecting gender outcomes in Madagascar according to the qualitative research

POVERTY AND LACK OF MEANS

INEQUITABLE GENDER ROLES AND PATRIARCHAL SOCIAL NORMS

VULNERABILITY TO EXTERNAL SHOCKS AND CLIMATE CHANGE

LIMITED INSTITUTIONS AND SERVICES DELIVERY

Source: Original figure developed for this report. Note: SRH = Sexual and Reproductive Health
This note presents an overview of the significant limitations facing women and girls in Madagascar with respect to their voice and agency. *Agency* is understood as one’s ability to make informed decisions and to transform them into desired actions and outcomes (Donald et al. 2017; Kabeer 1999; Sen 1985). It refers to the individual’s freedom to express their choice and voice, have a sense of control over their lives, and pursue preferred life goals. Women’s agency matters for their own well-being, because it is crucial for their ability to build their human and social capital, take up economic opportunities, participate in household and community decision-making, and live a life free of violence and discrimination. Women’s agency is also instrumental for families, communities, and society at large, being associated with better chances for future generations and increased inclusion and diversity of social organizations and political institutions (World Bank 2012). In the past decades, the government of Madagascar has undertaken several initiatives to strengthen women’s agency. For instance, the country has signed several international and regional conventions regarding women’s rights and gender equity, adopted the National Strategy for Combatting Gender-Based Violence (GBV) (2017–2021), the National Strategic Plan on Child Marriage (2018–2024), and a new law protecting women from different forms of GBV. Some critical issues persist, however. Note 4, “Challenges and Opportunities in Enhancing Girls’ and Women’s Agency,” focuses on the following aspects: (1) decision-making power; (2) prevalence of different forms of GBV, and (3) child marriage as one of the most extreme forms of violence against women and girls.

This note is structured as follows: It starts by presenting the status of girls’ and women’s decision-making power in the household. It then proceeds with a discussion of the prevalence and acceptance rates of different forms of GBV with a deep dive into the practice of child marriage, providing insights into the nuances and drivers of the phenomenon. Based on the identification of key challenges and on the evidence of what works best to improve women’s agency, the note provides strategic directions for policy actions that could apply to the Madagascar context.

**Limitations in girls’ and women’s decision-making capacity**

Despite the various policy and legal frameworks supporting the advancement toward gender equality, in practice women enjoy less decision-making power than men in the public spheres. As of 2021, women held only 18 percent of seats in the national parliament, down from 21 percent in 2016 (WDI). Women’s level of participation in decentralized authorities is also low. According to the country’s National Electoral Commission, as of 2016, no women were heads of a region, only 18 percent of heads of districts or prefects were women, and only 5 percent of mayors and 6 percent of local council members were women (Harivola 2021).
The qualitative data collected for this report reveal strong regional disparities regarding women’s participation in social life. In the Sofia and Analamanga regions, young women are encouraged to participate in the social life of the community. According to key informants, women are widely encouraged to form associations, and awareness-raising campaigns are dedicated to this subject. In these regions, women are believed to be able to actively serve the community and share their wisdom to help others.

The responsibilities entrusted to women are first to create associations that women will lead. When something is prepared in the village, they get together to do something. The association raises awareness so that community work can be done. (Traditional leader, Sofia)

Society expects wisdom and diligence. If she is filled with wisdom, she will be able to serve the community and help her fellow human beings in all areas. (Mother of an adolescent girl, Antananarivo)

The situation is quite the opposite in the Atsimo-Atsinanana region, where women’s public role in the community is almost nonexistent. Women are excluded from major decisions made at the community level, and problems are resolved exclusively by men. Women do not participate in meetings, and their voices are not taken into account. This lack of representation can turn into a serious obstacle to ensuring that the needs of girls and young women are heard. Instead, men organize life in society and decide what happens to women.

It is still something to be created to include women to exchange and discuss together with us, to share their ideas and thoughts. They also have ideas but we are not yet... yet... ah! We are not yet in that kind of practice, we here! But it will come. We would like to but we don’t have any initiators yet, that’s just the way it is! (Traditional leader, Atsimo-Atsinanana)

So, when there are assemblies, there are never any women unless she has one of her children who has committed a theft and she stays there to watch the trial and the verdict that awaits her child. (Traditional leader, Atsimo-Atsinanana)

Some traditional leaders in the region, however, expressed a certain openness with respect to the possible integration of women, especially when hearing positive examples of women’s social participation in other districts. For instance, a key informant from Atsimo-Atsinanana stated that, after learning from the radio news that Antemoro and Antefasy women were participating in community assemblies, he could imagine introducing the same innovation in his community.

Within the household, Malagasy women have strong decision-making power—although that power is still limited when compared to men. According to DHS 2021, only 2 percent of women ages 15–49 do not participate in major household decisions, and

---

4 Names of ethnic groups living in the districts of Farafangana and Manakara in the Atsimo-Atsinanana region.
the figures vary only slightly across regions and by place of residence. In this respect, Madagascar scores significantly better than other Sub-Saharan African countries: in Angola, 6.5 percent of women do not participate (DHS 2015–16); in the Democratic Republic of Congo, the share is 26.3 percent (DHS 2013–14); in Mozambique, it is 10.7 percent (DHS 2015); and in Niger, it is 55.8 percent (DHS 2012). In most cases, important household decisions are made collectively by both partners (figure 2). Decision-making power in the household increases with the level of wealth quintile (4.2 percent of women from the lowest wealth group have no final say in any major household decisions versus only 1 percent of women from the highest one) and with the level of women’s education: the share of women who do not participate in the major household decisions decreases from 4.4 percent among women with no education to 2.1 percent among women with primary education and 1.4 percent among women with secondary education (DHS 2021). Additionally, women are largely involved in the decision-making around reproductive health and family planning: in only 5 percent of cases was the decision to use contraception among married women ages 15–49 undertaken mainly by their partner (DHS 2021).

![Figure 2. Percentage of women and men ages 15–49, currently in union, who usually make decisions in selected dimensions](https://example.com/figure2.png)

Nevertheless, women and especially adolescent girls still do not enjoy the same decision-making power in the household as men. For instance, in the Atsimo-Atsinana region, fathers have the final say regarding children’s education. When mothers are the sole providers for the household, they have decision-making power; however, when fathers are present in the household, they make decisions about schooling. No such evidence was collected in Analamanga and Sofia regions.
There is one girl who really gives me a hard time, the one whose studies I have interrupted. (Father of an adolescent girl, Atsimo-Atsinanana)

The constraints to women’s household roles and decision-making in the Atsimo-Atsinana region are largely due to patriarchal social norms. Women are expected to take care of the housework and children, whereas men’s role consists of financial support of the family. According to the law, only men can be legal heads of the household.\(^5\) This notion also appears to be widely supported and accepted by both men and women.

For my part, the man is the head of the family. For everything that concerns the care of the household, it is the woman who is in charge. But as far as decisions in the household are concerned, it is the man who decides.... As far as I know, it is like that. That is to say that it is the man who decides. Yes! That’s it! (Traditional leader, Atsimo-Atsinanana)

In my opinion, the responsibility of men is more important, because they are the ones who decide and the women follow. (Father of an adolescent girl, Atsimo-Atsinanana)

In summary, Malagasy women and girls are largely involved in household decision-making but still underrepresented in national and local politics. Women’s decision-making status in the family and in society appears to be compromised by discriminatory legal provisions and inequitable gender roles that place women in an inferior position to men. The prevalence of such social norms threatens the overall agency of women and girls and creates important negative consequences for their well-being. One such consequence is GBV, appears to be a widespread and serious problem in Madagascar.

**Gender-based violence**

One of the starkest negations of women’s agency and capacity to make their own decisions is the high prevalence of different forms of GBV. GBV includes physical, emotional, and psychological violence; rape; and other forms of sexual abuse—all with grave and enduring impacts on women’s health and well-being. Violence against women and girls is widespread in Madagascar and produces immediate and long-term harm to survivors, their families, and society at large. According to DHS 2021, 41 percent of ever-partnered women ages 15–49 have experienced physical, sexual, or emotional intimate partner violence (IPV) in their lifetimes. The share of women ages 15–49 reporting any type of IPV is higher in urban (47.8 percent) than in rural (39.5 percent) areas (DHS 2021). At the same time, significant regional disparities exist in the experience of IPV across the country, with particularly high rates in the central regions and specifically in the capital Antananarivo (figure 3). More than half of all ever-partnered women ages 15–49 have ever experienced IPV (any form) in Vakinankaratra (59 percent), Antananarivo (58.3 percent), Analamanga (56.1 percent), and Itasy (50.4 percent). The lowest rates of IPV are recorded in Androy (19.2 percent), Anosy (20.0 percent), and Ihorombe (20.6 percent).

---

\(^5\) Law N°2007-022 of August 20, 2007 on marriage and matrimonial regimes, Art. 54.
Figure 3. Percentage of women ages 15–49, currently or formerly in a union, who have experienced physical, sexual, or emotional IPV, by region, 2018

Percent

Source: Demographic and Health Survey 2021.
Note: IPV = intimate partner violence.

COVID-19 put women and girls at increased risk of violence. Economic tensions and confinement measures have globally worsened a pandemic that predates COVID-19 (Bradbury-Jones and Isham 2020; De Paz Nieves, Gaddis, and Muller 2021; Peterman, O’Donnell, and Palermo 2020; UN Women 2020). In Madagascar, too, income loss and limited mobility, compounded by existing gender role expectations, have likely contributed to increases in IPV and other forms of GBV.

IPV is supported or reinforced by gender norms and values that put women in a subordinate position to men (Garcia-Moreno 2002). Women are at higher risk of abuse if they live in a society that promotes male dominance. One way of exploring the gender dynamics associated with GBV is surveying men’s and women’s attitudes toward wife-beating. In Madagascar, women are consistently more likely than men to justify wife-beating (figure 4): 40.6 percent of women and 27.8 percent of men ages 15–49 report that wife-beating is justified in at least one circumstance. Women and men were most likely to approve of wife-beating if the wife neglects the children and if the wife goes out without telling her husband (DHS 2021). High acceptance rates may result from structural pressures to adopt such views or to answer survey questions with the perceived socially desirable response. Scholars have argued that certain forms of patriarchy motivate women to internalize its norms, even if those norms contradict women’s interests (Kandiyoti 1988). Internalization of patriarchy, in theory, is more likely under family systems that (1) assume women to be financially dependent and obedient,
(2) assume men to be providers and enforcers of obedience, and (3) promise benefits to compliant women (Kandiyoti 1988).

### Figure 4. Percentage of respondents who justify wife beating, by reason given, Madagascar

<table>
<thead>
<tr>
<th>Reason</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>If she burns the food</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>If she argues with him</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>If she goes out without telling him</td>
<td>27.8</td>
<td>0</td>
</tr>
<tr>
<td>If she neglects the children</td>
<td>40.6</td>
<td>0</td>
</tr>
<tr>
<td>If she refuses to have sex with him</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>At least one specific reason</td>
<td>0</td>
<td>27.8</td>
</tr>
</tbody>
</table>

Source: Demographic and Health Survey 2021.

In addition to IPV, Malagasy girls are exposed to the risk of other forms of violence, abuse, and exploitation. According to rights experts appointed by the United Nations, child sex abuse is “widespread and tolerated” in tourist hot spots and appears to receive support from the authorities (CRC 2022). It is further explained that child prostitution “has become trivialized in Madagascar and is conducted openly in bars, nightclubs, massage salons and hotel establishments” (United Nations 2022). The group added that poverty was the main driver of the practice and that some families even push their children to engage in transactional sex; the majority of those children are girls, although the prostitution of boys has increased in recent years.

Whether driven by poverty or social norms, some parents condone or facilitate practices that victimize girls—such as early or forced marriage, child prostitution, and other forms of sexual abuse (UNICEF Madagascar 2018). Parents and community members do not always view sexual exploitation and abuse, prostitution, and early and forced marriage of girls younger than 15 as violence, and thus do not report the crimes (Kellum et al. 2020). The 2002 rapid evaluation on child victims of sexual exploitation and abuse found that, in Antsiranana, Toliary, and Antananarivo, girls enter prostitution starting at the age of 13 on average (Ravaozanany, Razafindrabe and Rakotoniarivo 2002).

Madagascar is a source country for women and children subjected to human trafficking, specifically conditions of forced labor and prostitution. According to the US Department of State 2021 Country Report, traffickers exploit Malagasy children, mostly from rural and coastal regions and from impoverished families in urban areas, in child
sex trafficking and forced labor in domestic service, mining, fishing, and agriculture across the country. The prevalence of children being forced into begging continues to increase in Antananarivo; reports indicate that traffickers force children, including those with disabilities, to work long hours and in dangerous conditions, frequently at the behest of their parents. Most child sex trafficking occurs in tourist destinations, urban cities, vanilla-growing regions, and around formal and informal mining sites with the involvement and encouragement of family members; however, tourist operators, hotels, taxi drivers, massage centers, and local adults in commercial sex also facilitate this crime (US Department of State 2021). Traffickers continue to abuse traditional practices of arranged marriage, bride purchase, and girl markets to exploit girls in child sex trafficking. Government officials are reportedly complicit in providing falsified national identity cards to traffickers that facilitate child sex trafficking in Madagascar and forced labor in domestic service of Malagasy women abroad. Previous reports indicated that child sex trafficking of boys was becoming more prevalent (US Department of State 2021). Forced labor is also practiced as a form of dinas, or informal arrangements for payment or restitution in response to wrongdoing and a way of resolving conflicts or paying debt (US Department of State 2021).

Despite the high prevalence of GBV in Madagascar, findings from the qualitative study indicate a lack of services for GBV survivors. Available care centers for GBV survivors are run by public and private actors. For example, the Ministry of Population, Social Protection and Promotion of Women operates 16 counseling and legal advice centers for women across the country. In addition, some support services are managed by private actors, foundations and associations, which are, however, concentrated mainly in the capital. Some of these services include the Integrated Center set up by the Fitia association and chaired by the First Lady, the Tabita center set up by the Protestant church, the Trano Aro Zo counseling center, the ASEFFEMA association, and the Vonjy Center.

Nevertheless, even though some support services for GBV survivors do exist, women often lack information on the existence of such centers. The vast majority of women survivors of violence do not know about existing support services, and the few survivors who do receive care report dissatisfying conditions and treatment at the support centers. Key informants emphasized the lack of comprehensive psychological counseling for GBV survivors in the country, highlighting that such support is of the utmost value in the care of GBV survivors, because it helps them to regain confidence in themselves and in society and to become independent again. Moreover, care centers in Madagascar are not equipped with structures that can accommodate and temporarily house GBV survivors. Instead, they provide only initial advice and orientation without the possibility of sheltering. For victims, returning to the place where the violence took

7 Association pour la Sensibilisation et Education des Femmes et Enfants Maltraités (Association for the Sensitization and Education of Women and Children who Experienced Abuse).
place, such as the family home or the parental home, and to the perpetrator represents a permanent danger.

This inability to accommodate GBV survivors and attend to their needs is due to the lack of adequate infrastructure and qualified personnel to take care of them. Under the “Women Break the Silence” project, a collaboration with the United Nations Children's Fund and the United Nations Population Fund, a guide for taking care of child victims of violence has been put in place. Even though it addresses care only for underage individuals, the project advocates for the need to have comprehensive and complex support services for GBV survivors.

Child marriage: A prevalent manifestation of GBV in Madagascar

Child marriage is a form of violence, with devastating effects on the lives and development of girls and adolescents. When compared to their peers who marry later on, child brides face increased risks of poor health outcomes, having children at younger ages, dropping out of school, earning less over their lifetimes, and living in poverty (Wodon, Tavares, et al. 2017). Young women who marry before the age of 18 may also be more likely to experience IPV, restricted mobility, and limited decision-making.

In 2007, the Law on Marriage and Matrimonial Regimes was amended to increase the legal age of marriage to 18 years for both women and men. To help enforce the age requirement, the law requires all marriages to be registered with a civil officer (OECD 2019). An exception, however, allows the Court to authorize the marriage of minors. Such authorization can be granted if the marriage is entered into for “serious reasons” not specified by the law, and if the request and consent of the child’s parent are provided. In addition, as seen from our qualitative study, most unions in the provincial regions visited are concluded under customary law, making it nearly impossible to account for the age of spouses and to prosecute cases of child marriage.

Despite the legislative prohibition, child marriage continues to be widely practiced. The latest data from DHS 2021 show that 38.8 percent of Malagasy women ages 20–24 were first married by the age of 18, and 12.7 percent by age 15. At the same time, no men ages 20–24 were first married by age 15, and only 11.2 percent by age 18. Thus, child marriage in Madagascar is clearly a gendered problem, disproportionately affecting girls. Furthermore, stark regional disparities are observed in terms of the prevalence rate of child marriage. In all regions, girls are exceptionally more likely than boys to be married as children. In some regions of the country (for example, Sofia) as many as 65 percent of women ages 20–24 were first married by age 18 (figure 5). According to the qualitative study, in Atsimo-Atsinanana and Sofia, the age at first marriage can be even lower for girls (12, 13, or 14 years).

Child marriage rate is negatively correlated with the educational level and wealth quintile. While 65.8 percent of women ages 20–24 with no education were first married by age 18, the share stands at 53.6 percent among women with primary education, 27 percent among women with secondary education and only 1.8 percent among women with high education. Likewise, the rate of child marriage (women ages 20–24 first married by age 18) decreases from 58.3 percent among women from the poorest wealth quintile to 44.4 percent among women from the middle wealth quintile and 15 percent among women form the richest one (DHS 2021).

Based on the qualitative study, legal registration of marriage is typical only for the capital Antananarivo. Antananarivo, where it is common practice to celebrate a civil and religious marriage, stands out for having higher law enforcement with respect to this topic than in the provincial regions. Families in Antananarivo typically celebrate a legal or administrative marriage at the Town Hall as well as a religious marriage in the church, which reflects the high value attached to Christian beliefs. The celebration of a religious marriage represents an important event in the life of the Malagasy couple and their respective families. Notably, unlike in other studied regions, a marriage ceremony in the capital Antananarivo is not based on ancestral customs.

In other regions, research participants reported the existence of various marriage traditions commonly celebrated in accordance with the customary law. The fact that most of the marriage rituals imply economic benefits for girls’ families and are associated with a high social value and prestige can partly explain the high prevalence of child marriage in the studied regions. Box 2 summarizes the main marriage traditions that were recorded during the qualitative study in Atsimo-Atsinanana and Sofia.
Box 2. Types of marriage traditions in Madagascar, from the findings of the qualitative study

Atsimo-Atsinanana region:

- **Fafy**: In this ritual, the man comes to the parents of the girl and asks for permission to marry her. In some cases, parents of both spouses-to-be meet and make agreements on the marriage. In this ritual, the blessing for the marriage is obtained through the handing over of a zebu (a type of cattle) by the parents of the future husband to the family of the young woman. The public celebration of the marriage represents parental blessing for their children and is associated with great honor for the status of the girl within the community.

Sofia region:

- **Moletry**: It is the most common traditional union in the region but, although equivalent to a legal marriage, has no binding value and is characterized by an agreement between the parents of the young man and young woman to be married (consent of the bride-to-be is not required). This agreement is followed by the handing over of the didin-karena (marriage dowry, composed of zebus and a sum of money) to the girl’s parents. The Moletry contract is valid for one year, after which the spouses choose either to continue their marriage or to separate and start a new relationship. It is in the interest of the girl to make it last at least one year so she can benefit from the didin-karena. If during the first year a woman decides to separate without having serious cause (for example, no adultery committed by her spouse), her husband’s parents keep the dowry; this outcome would be considered a dishonor for her and her family, and the woman is not entitled to possess any shared property.

- **Volambita (one-year temporary marriage)**: This form of marriage is the only one that relies solely on the consent of both spouses. The man gives the woman a certain amount of money and verbally commits, in the presence of the community, to keep her as his wife for a year. If the couple breaks up during the year because of some fault by the man, the woman can keep the sum given to her. Otherwise, the man obtains the sum back.

- **Diajofo**: In this original form of the Tsimihety customary marriage, the first stage consists of a premarital probation period for the young woman, who is sent to live with the young man’s family for a year. The parents of the young man undertake the responsibility to preserve the girl’s chastity during this period. The objective of this probation period is to allow the family of the young man to test whether the girl is fit for marriage. The second stage, the celebration of the marriage, occurs only if the family of the young man has been satisfied with the conduct of the girl. The celebration consists of performing a joro, or ceremony during which the two young people marry with community members as witnesses.

- **Fanambadiana Voafey (tied marriage)**: As the name suggests, this form of marriage can be dissolved only for serious reasons. The celebration involves a special ceremony presided over by the village or traditional chef. The Creator God (*Zanahary*) and the ancestors (*Razana*) are invited to join and bless the spouses so that they have many descendants and live in wealth and happiness.
Drivers of child marriage

Child marriage in Madagascar persists for a number of reasons, and both young women and their families appear to play a significant role in perpetuating this practice. On the one hand, the qualitative study shed insights on the attitudes and experiences of young women regarding their aspirations and intentions around family formation. Discussions with parents and key informants, on the other hand, helped to capture the motives that drive families to marry their adolescent girls at a young age. To discuss the variety of factors that drive child marriage in Madagascar, we look first at girls’ reasons for deciding to marry and then at families’ (parents’) reasons for marrying their adolescent daughters (figure 6).

Figure 6. Drivers of child marriage in Madagascar

Girls’ reasons to pursue marriage:
- Aspirations to escape poverty and unfavorable environment at home
- A desire to be independent from their parents/make their parents proud
- To avoid/in response to early pregnancy; negative attitudes toward single mothers
- No other life options available
- Romantic feelings; falling in love

Parents’ reasons to marry their daughters:
- Poverty and financial difficulties
  - AA; S
- A desire to guarantee a good future for their daughters through arranging a marriage with "a good family"
  - AA
- Prestige of having a married daughter/shame of having a daughter who is pregnant out of wedlock
  - AA
- Social expectations and norms
  - AA
- No resources to pay for girl’s education
  - AA
- Compliance with the Christian religion (concept of virginity)
  - TANA

Source: Original figure developed for this report.
Note: Unless specified otherwise, presented barriers are typical for all studied regions. AA = Atsimo-Atsinanana; S = Sofia; TANA = Antananarivo.

Girls’ reasons to pursue marriage

In all three regions studied, young women might decide to get married because they desire to become independent from their parents. Having their own home is a motivation for young women who want to escape an unfavorable family environment in which they feel powerless. In this respect, marriage is the only available option for Malagasy girls to separate from their parents and can be seen as a form of emancipation.
for a girl wanting to escape psychological or material violence or an unfavorable family climate. Unfortunately, entering into a marriage does not always provide a refuge or safe space for young women and can end up amplifying their financial problems and vulnerability to violence.

*Building a future just by the two of us. Not depending on someone but building a family together convinced me to get married.* (Positive deviant, Sofia)

Alternatively, young women may base their decision to get married on their aspirations to acquire a new social status and bring honor and pride to their family. The institution of marriage is highly valued in Malagasy society; marriage is considered a source of pride for young women and their families, whereas being single or unmarried might result in social stigmatization and discrimination. For example, young women mentioned that women who reach marriage age but remain single may be subject to mocking, gossiping, ridiculing, and bullying. In fact, many participants reported the high prevalence of negative attitudes toward unmarried (young) women. As a result, some girls might choose to get married in the attempt to comply with social norms and get the acceptance of the community. Participants in all three regions also emphasized that a girl’s status in the community changes once she becomes a married woman.

*Some girls just want it because it is an honor for the family that she is getting married. Once legally married, it is a pride and it forces the respect of the surrounding villages because the status of those who are married is different from that of the unmarried (because of unwanted pregnancy). Sometimes, some girls covet this status, they decide to get married to have this prestige, this consideration. And they end up getting married.* (Mother of an adolescent girl, Atsimo-Atsinanana)

Furthermore, the decision to get married might be driven by the desire to avoid pregnancy out of wedlock. Although fertility is highly valued in Madagascar and children are regarded as a blessing and wealth, no such attitudes are expressed toward pregnancies that precede the marriage ceremony. In fact, unmarried mothers might encounter discrimination and stigma from community members. Both young women and parents in the study pointed out that early marriage appears for many girls a viable option to avoid the shame and dishonor related to an out-of-wedlock pregnancy.

*There are also those who have sex outside and when the girl gets pregnant, they get married.* (Mother of an adolescent girl, Antananarivo)

*When she begins to date men, for fear that she will have a child without getting married, as soon as someone asks her parents for her hand, they accept.* (Young woman, Antananarivo)

Finally, whereas some study participants reported marrying early because of feelings of love, another more important factor identified in the interviews and discussions was the lack alternative life options. Indeed, some evidence from the interviews proves that girls tend to rush into marriage, relying solely on their feelings and without giving the decision proper consideration. Additionally, because education or job prospects are
nonexistent, as noted by several of the young poor women interviewed, marriage turns out to be the only viable life option perceived. As discussed earlier, marriage can be a form of emancipation for young women, bringing them new status and recognition in the community. At the same time, however, the interview findings indicate that young women demonstrate little control over their lives and do not think about being able to succeed in life on their own—that is, without getting married. Young women in the sample repeatedly mentioned that a woman has little value without a man and cannot survive on her own, partly because of social norms that discriminate against single people. Young women appear to deeply internalize such attitudes, displaying little power or ability to change the situation.

*Society defines you. Like it’s inappropriate for it and you’re only valuable if you’re in someone’s house. If it’s a woman.* (Young woman, Antananarivo)

*Society doesn’t care about you. Because being single means that you haven’t gone through the rites with your parents. Society doesn’t care about you.* (Young woman, Antananarivo)

Yet, even when girls appear to actively choose marriage, their decisions are influenced by numerous external factors and do not necessarily reflect the girls’ own aspirations and hopes. For that reason, the statement that a young women has made an informed decision to get married should be taken with caution. To start with, for some girls marriage is the only way to escape poverty and a precarious financial environment at home. The interviews suggest that the choice of marriage is often made out of necessity and a desire to help parents with their economic difficulties. Young women in the interviews explicitly referred to their intention to help their parents as one of the central motivations to start family formation.

*I was living with my father and mother and when I stopped studying, I started working with them. They were also knitting, and I helped them [crowing] and then I realized that I was not a child anymore, that I was old enough and at the same time I saw my parents in trouble. So, I thought it was time for me to get married and I was old enough too! That’s what led me to the conclusion that I had to leave.* (Positive deviant, Antananarivo)

*In my opinion, in Sofia, what motivates young people to marry and have children … is the lack of resources, they want to marry and have children because the resources are not enough, so they leave their parents so as not to be a heavy burden to the parents…* (Father of an adolescent girl, Sofia)

**Parents’ reasons to marry off their daughters**

First, financial difficulties and poverty are the key factors for parents’ decisions to marry off their daughters early. Participants in the study repeatedly mentioned economic precariousness as the main driver of the traditional marriage contract, which helps families obtain money and materials in exchange for their daughters. Marriage for this reason has been observed in both the north and the south of Madagascar.
Since we don’t have money to send them to school so they can succeed in life, we prefer to marry them and make them dependent on a man. This is why our children marry very young in our village…. The girls accept to get married easily in exchange for money! That’s it. (Mother of an adolescent girl, Atsimo-Atsinanana)

There are parents who urge their daughters to get married: “Go get married because I can’t take care of you anymore!” (Traditional leader, Atsimo-Atsinanana)

Well, I didn’t know we were going to get married, I didn’t know I was going to marry him, but my parents were having money problems. So, there I was to get married … and I suddenly had to drop out of school. (Young woman, Sofia)

Poverty as a driver of child marriage is particularly pronounced in Atsimo-Atsinanana, where the most common marriage tradition—Moletry—is transactional and is used today to commodify girls. Some participants from the region explained that marrying a daughter off not only brings some economic value for the family (money and cattle) but also reduces household expenses when the girl leaves her parents’ home and joins the family of her husband. The informal and transactional nature of Moletry most often works to the disadvantage of the girls involved. If they decide, without a serious reason, to separate during the first year of marriage, they lose all property and the dowry price. They also risk strong negative implications for their reputation and social status. Nevertheless, participants explained that women commonly marry several times in a series of traditional marriages so that their parents can acquire the Moletry dowry each time—which might partly explain why couples’ separations are widespread in the north. Unlike in the center and south of the country, northern families do not follow the principle of lamban’akoho no isarahana (eternal marriage).

Often, the first wife is not the wife until death, this is what I see, if it is in the Tsimihety region (name of the ethnic group occupying the Sofia region. (Traditional leader, Sofia)

And after that, the girl can go back home. And from then on, she can look for someone to ask for her hand. And she is asked again. The life of women here is a bit like that. (Traditional leader, Sofia)

She can still get married even if she has given birth to a child, someone can still ask for her hand in marriage. (Traditional leader, Sofia)

Child marriage is clearly linked to the inability to pay for schooling. In the Sofia region as well as in the Atsimo-Atsinanana region, the testimonies suggest that the usual life trajectory of the majority of young women is characterized by the interruption of schooling, which generally marks the beginning of family life for them. With the monetary poverty that affects the majority of Malagasy households, parents find it impossible to pay for their children’s schooling. Thus, girls who are taken out of school are deprived of their means of subsistence and are influenced by their parents to find a spouse to support them.
I had thought about marriage when I stopped my studies and I didn’t know what to do. It was the incompletion of my studies that pushed me to get married. (Positive deviant, Sofia)

In this village? Here, girls get married when they are not studying. (Mother of an adolescent girl, Atsimo-Atsinanana)

In addition, parents might marry off their daughters in order to protect them and ensure that they will be in a good family. Particularly in the region of Atsimo-Atsinanana, parents prefer arranged marriages. It is a long-lasting tradition there for parents to agree on their children’s marriages, often as a way to strengthen ties and protect both families from the intrusion of a stranger. Although the practice might be grounded in good intentions, it deprives both young people of any part in the decision-making: in some cases, families make such a decision before their children are born. Young women, therefore, have very little control over their own lives because of the persistent weight of traditions.

In the South, it is tradition that makes them prefer that, for example, my children marry people I know. Parents contract with each other. When one has a little girl and the other has a little boy … we know each other well. You are good people. So, we don’t like our child to venture out with someone we don’t know. We prefer that we give you our daughter. (Key informant, civil society at the national level)

Here at home, there are also parents who say to each other: “I have a son, you have a daughter. Our children are already grown up so we can unite them….” (Health sector representative, Atsimo-Atsinanana)

Having a married daughter is a source of pride for the family, whereas a daughter pregnant out of wedlock can bring dishonor and shame to the entire household. In this respect, compliance with social norms appears to be central in the motivation behind child marriage. Parents’ urgency to marry a girl as soon as she starts spending time with boys is mainly to avoid her falling into disgrace as an abandoned woman or unmarried mother. Global studies have generated findings about how having a married daughter can strengthen a family’s social status. Evidence shows that, in countries where child marriage is widely practiced, some parents believe that marrying off their daughters to well-off families will improve their social status (Belachew et al. 2022; Nour 2009).

Families expect a girl to be a virgin before marriage, as far as I am concerned. Virginity is required for single women. Because from what I’ve seen in people’s lives in the past, it’s a great opportunity for their parents to have a virgin child leave their home. (Young woman, Antananarivo)

In Antananarivo, a high value is attached to women’s chastity, although maintaining virginity before marriage does not appear to be binding in the other regions in the study sample. Particularly in the capital city, Malagasy society is strongly religious and adopts religious principles in the upbringing of children. One of these principles is that young women must remain virgins until their wedding day. Christian perceptions relating to
marriage urge abstinence before marriage as a means of prevention and sensitization against early sexual activity among youth. Elsewhere in the country, however, maintaining virginity before marriage does not appear to be binding. At the same time, in the Atsimo-Atsinanana region, conflicting evidence exists on the value attached to virginity. On the one hand, participants mentioned that there is no social expectation that women remain virgins until the day of their marriage. On the other hand, some parents in the sample admitted they would prefer their daughters to abstain from the sexual relations—likely because of their worries related to early pregnancy.

*Here, on the other hand, it is not a problem for women to have had sexual intercourse before marriage. She will find a husband anyway even if she has had sex before.* (Traditional leader, Atsimo-Atsinanana)

*Parents always have expectations of their children…. There are rules, for example, a girl should not sleep with a man until she is eighteen. She will therefore have to be a virgin until this age so that she can grow physically. Nowadays, girls and boys are far from that, you see! We are already very old, but physically they are the same size as us. It’s because they had sex at a very young age, when they shouldn’t.* (Mother of an adolescent girl, Atsimo-Atsinanana)

Overall, gender roles and social norms, poverty, and lack of alternative life options are among the main drivers of the high prevalence rate of child marriage in the studied regions of Madagascar. The practice is largely normalized and supported by both young women and their families, especially in light of the absence of alternative life options. Policies to reduce the child marriage rate should target both girls and their parents as agents of change and focus on the social and economic empowerment of young women, their families, and communities at large.

### Protective factors to delay marriage

Drawing from the interviews and focus group discussions with positive deviants (PDs),
9 the following protective factors against child marriage have been identified: (1) economic security, (2) support and acceptance from parents and family, and the related (3) individual resilience—or empowerment—of girls and young women (figure 7).

According to PDs, the factors that help delay early family formation—once financial difficulties are alleviated—relate to young women’s strong individual resilience and sense of control. In contrast to their non-PD counterparts, PDs articulate a clear vision

---

9 A PD approach implies a focus on researching individuals who confront similar challenges and constraints as their non-PD peers but who employ strategies and behaviors that help them overcome those constraints and achieve positive outcomes that are unusual in their own contexts. In this case, PDs refer to young women who were not married as children despite living in a community that highly praises and encourages family formation.
for the future and intentions to delay family formation. Their aim is to be financially ready to take on household expenses with or without the support of a husband. They see completing their studies and accumulating savings as key steps before they consider starting a family.

Yes, when I have finished my studies, I will finally be able to get married as I mentioned earlier. Only then will I give birth. With good living conditions, I will not be in trouble if my husband leaves me. I will not find myself in trouble since I have what I need to raise my children. I will be able to meet my needs without having to disturb the parents anymore. (Positive deviant, Atsimo-Atsinanana)

In summary, women’s and girls’ agency in Madagascar is largely limited by patriarchal social norms and gender roles, omnipresent poverty and lack of means, and high prevalence rates of GBV, especially in the home. All of these factors constrain women’s ability to express their voice and make individual life decisions, negatively affecting other dimensions of women’s well-being, including compromised outcomes in human capital accumulation and economic participation. Thus, policies aiming at improving women’s agency should be at the core of Malagasy development plans as a key strategy to alleviate poverty and accelerate economic and social growth.
Policy recommendations

Reducing child marriage rates and the risks associated with it should be policy priorities for Madagascar. Child marriage produces negative impacts for girls, their children, their communities, and society at large. A recent study by Wodon, Male, et al. (2017) finds large and significant impacts of child marriage on fertility, population growth, education, and earnings. The study estimates the benefits of ending child marriage, including an 11 percent reduction, on average, of the national total fertility rate; an approximately 75 percent reduction of the share of girls having children before the age of 18; and a 1 percent increase in the population’s earnings and productivity nationally.

Similarly, dedicated efforts should be undertaken to prevent various forms of gender-based violence (GBV) and address their consequences. Women survivors of GBV suffer from isolation, inability to work, loss of wages, higher medical costs, job instability, lack of participation in regular activities, and limited ability to care for themselves and their children (WHO 2019). On average, victims of GBV lost between 43 and 47 productive days of work during the year studied (Varna-Horna 2015). Children of families in which there is intimate partner violence also suffer a range of negative outcomes. Studies show negative links between exposure to domestic violence and school outcomes (Lloyd 2018), and negative impacts linked to the intergenerational persistence of violence (World Bank 2012). Children exposed to violence are more likely to become perpetrators or victims of violence as adults (WHO 2017). Therefore, addressing GBV should be a priority action for Madagascar in light of the negative consequences on individual, household, and societal levels.

Table 1 summarizes the main identified barriers and policy recommendations for improving girls’ and women’s agency in Madagascar. Two strategic directions have been identified through the mixed-method analysis:

- **Strategic direction 1:** Empower girls and young women to delay family formation.
- **Strategic direction 2:** Prevent GBV and address its consequences.

Priority actions should focus on strengthening relevant legislation related to the minimum age at marriage and, even more, on tackling the underlying drivers of this phenomenon (see table 1). Tackling social norms involves initiating community dialogue with parents, girls, and traditional and religious leaders to advocate for delaying family formation. Moreover, acknowledging that many marriage traditions in Madagascar arise from poverty, providing financial incentives for families of adolescent girls and subsidizing girls’ education can have direct positive outcomes on girls’ agency and well-being. Special attention should also be paid to preventing GBV and strengthening the capacity and availability of support services for its survivors.
### Table 1. Policy recommendations to improve women’s agency in Madagascar

<table>
<thead>
<tr>
<th>Barriers Term</th>
<th>Policy recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic direction 1: Empower girls and young women to delay family formation</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Poverty and lack of means as the main driver behind child marriage Medium term | • Provide economic incentives to girls and their families through cash transfers, microcredit, or loans to families in need.  
• Provide material, in-kind, or food aid to vulnerable households.  
• Assist girls and young women in enrolling and completing school education.\(^a\) |
| Long term | • Develop alternative livelihood programs for adolescent girls. |
| Social norms that encourage women to marry early Long term | • Promote positive social norm change within the community—with parents, girls, and with traditional and religious leaders—through awareness-raising campaigns and community mobilization programs.  
• Offer life skills training, safe spaces, and vocational and livelihoods skills training to girls. |
| Rule of customary law Short term | • Strengthen the enforcement of relevant legislation on marriage, prohibiting marriage of underage individuals under all circumstances. |
| Medium term | • Engage religious and traditional leaders to promote the delay of family formation and encourage positive attitudes toward unmarried women. |
| **Strategic direction 2: Prevent GBV and address its consequences** |
| Patriarchal traditional and cultural practices that accept and tolerate different forms of violence against women Medium term | • Develop community mobilization programs and awareness-raising campaigns to promote intolerance toward all forms of GBV and child abuse. |
| Medium term | • Implement school-based interventions to educate and promote unacceptance of GBV among adolescents and youth. |
| Long term | • Reduce women’s vulnerability to GBV through economic/financial empowerment.  
• Introduce behavioral components on GBV in all financial support programs (+ component). |
| Limited access to support services and justice for GBV survivors Short term | • Ensure the adequate enforcement of the existing legislation on different forms of GBV (domestic violence, sexual harassment in the workplace, and others) and provide support for the survivors.  
• Strengthen and improve the quality of existing GBV support services by focusing on psychological advice and offering survivors adequate shelter. |
| Medium term | • Implement gender-sensitive training of professionals (first responders) across sectors.  
• Enable access to justice and GBV support services for survivors. |

Note: GBV = gender-based violence.  
\(^a\) See Note 1, “Challenges and Opportunities in Education.”
Strategic direction 1: Empower girls and young women to delay early family formation

First, interventions to eliminate child marriage should address its key driving factors, as found by the qualitative assessment: poverty and the lack of viable income-generating options for young women and their families. Positive outcomes of programs that acknowledge this association have been observed in other countries of the region. The rationale behind this approach is that immediate economic opportunities provide an acceptable alternative to marriage and increase the value and contribution of the daughter to her parental family (Malhotra et al. 2011). These financial incentives to families are sometimes tied to educational investments in daughters or to the condition that daughters do not marry until age 18. One approach includes programs that focus on microfinance—credit and savings—along with training in basic business skills and age-appropriate economic activities, such as agriculture and farming, craftsmanship, tailoring and sewing, and finance and banking. Some programs address economic factors by working primarily with parents of girls who are at risk for early marriage. The Berhane Hewan program in Ethiopia provided economic incentivizes to families, which led to a significant reduction in child marriages among the daughters in participating households (Erukkar and Muthengi 2009).

Second, delaying family formation requires addressing the social norms and traditions that pressure young women to get married early if they want to avoid social judgments and stigmatization. In this regard, parental and community engagement has achieved reductions in child marriage in countries with similar contexts, and this strategy could be applied in Madagascar. Programs employing this strategy include a range of interventions: one-on-one meetings with parents and community and religious leaders to gain support; group and community education sessions on the consequences of and alternatives to child marriage; information, education, and communication campaigns—using various platforms—to convey messages about child marriage, schooling, rights, reproductive health, and other topics; and public announcements and pledges by influential leaders, family heads, and community members. For example, a community mobilization in Senegal, the TOSTAN intervention, offered sessions on human rights and democracy, health and hygiene, literacy and numeracy learning, project management, and training on income-generating activities, as well as a grant for the implementation of a project to raise awareness about women’s rights and gender roles. The impact evaluation found that participants “significantly improved their attitudes towards both schooling for girls and the role of women to demand rights immediately after the intervention” (Diop et al. 2004, p. 12). In the Sofia region of Madagascar, a community health promotion program MAHEFA MIARAKA proved to be successful in reducing the prevalence of child marriage (USAID 2017).

10 The project, led by the Ministry of Population, Social Protection and Promotion of Women, aimed to reduce the prevalence of child marriage and teenage pregnancy, promote the use of family planning, and raise awareness about the negative effects of early family formation. The project has initiated community dialogue on child marriage and provided assistance to young people to continue or reenter school education.
Eliminating any exemptions to the legal minimum age of marriage and strengthening the enforcement of relevant legislation are important elements in a national strategy to prevent child marriage. Evidence from Madagascar shows that, despite the existing legislation on the prohibition of marriage of underage individuals, such cases are widespread. There is also little evidence on how exactly the actual legislation and National Strategic Plans on child and early marriage are being enforced and implemented. Therefore, a priority for Madagascar would be to strengthen the Law on Marriage to bring it in line with international human rights standards. Doing so would entail the elimination of the current exception provided in Article 3, which allows early marriage with parental consent and a judge’s authorization, and enforcing the minimum marriage age of 18 in all cases—without exceptions (Adrianasolo 2013).

Importantly, legal action alone does not guarantee success in eliminating the practice of child marriage. Evidence from Bangladesh shows that the adoption of the Child Marriage Restraint Act of 2017 did not have an express impact on its prevalence rate, only marginally affecting people’s beliefs about attitudes toward child marriage within their community (Amirapu, Asadullah, and Wahhaj 2019). Similarly, changes in the laws regulating the legal age of marriage did not curb early marriage in Benin, Bhutan, Kazakhstan, or Mauritania (Batyra and Pesando 2021). Therefore, although standalone laws and provisions banning child marriage are an important first step toward its reduction, additional enforcement mechanisms, policies, and interventions are needed to support their implementation. For example, adding an educational or awareness-raising component to challenge social norms can offer promising results (Psaki et al. 2021). With its adoption of the National Strategy and Action Plan on Harmful Traditional Practices, Ethiopia increased the number of families sending children to school and standing against the practices of female genital mutilation and cutting and child marriage (MoWCY 2019).

Strategic direction 2: Prevent GBV and address its consequences

Programs that aim to empower women economically appear promising in tackling some forms of GBV as well as shift social attitudes toward violence against women and girls. A growing body of evidence suggests that social safety net programs and economic empowerment programs that are adequately designed can lead to an abatement in GBV, even when doing so is not among their explicit objectives (Botea et al. 2021). The same evidence suggests that this type of program is most effective when accompanied by complementary gender awareness-raising or behavioral components. For example, combining a microfinance program with a behavioral component had positive impacts on IPV and enhanced behavior change among participant women, as in the TEVAW program in Tanzania (Messersmith et al. 2017). Similarly, a microfinance and training program (MAISHA) in Tanzania reduced women’s risk of experiencing physical or

---

11 The same idea applies to all other forms of GBV, the eradication of which is possible only through the combination of legal and behavioral/social norms components.
sexual IPV by 25 percent, improved attitudes regarding IPV, and increased women’s self-confidence (Kapiga et al. 2019). The Zindagii Shoista intervention in Tajikistan, which combined group discussions and provision of microgrants, has reduced by half the number of women reporting IPV a year after the end of the program (Mastonshoeva et al. 2019). At the same time, microfinance or savings interventions without any additional component have not proven effective in reducing IPV rates, at least in the context of low-income countries (Kerr-Wilson et al. 2020).

Moreover, combining social and economic empowerment interventions has proven to reduce women’s exposure to certain forms of GBV. Such programs aim to empower women both economically and socially through the provision of microfinance, livelihood trainings, community-based learning, and strengthening of social networks. More data are required to ascertain the effectiveness of such interventions in Madagascar, although evidence from the region demonstrates positive gains. For example, the SteppingStones and Creating Futures intervention in South Africa, which combined livelihood training (on setting livelihood goals, coping with crises, saving and spending, getting and keeping jobs, and managing work expectations) and social empowerment (GBV, SRH, communication skills, and sexual behavior) resulted in considerably less physical and economic IPV perpetration by men (Gibbs et al. 2020).

Interventions that aim to challenge social norms and perceptions of GBV have proven to be effective in reducing its prevalence rates and promoting zero tolerance toward violence against women, as the regional evidence shows. In Madagascar, tolerance and acceptance rates of GBV are high, meaning that promoting a positive social norm change can be an effective solution. Such interventions commonly target households or entire communities to foster a positive social norm change. For example, the SASA! Intervention in Uganda, which combined community mobilization activities with trainings for professionals, has led to a 64 percent reduction in the prevalence of children witnessing IPV in their home and has improved parent-child relationships (Kyegombe et al. 2014). The community-based Unite for a Better Life program in Ethiopia reduced men’s perpetration of sexual IPV as well as women’s experience of physical or sexual IPV (Sharma et al. 2020). TOSTAN in Senegal has contributed to the reduction of GBV among participating communities from 86 percent to 27 percent, including the prevalence rates of IPV (Diop et al. 2004). The above-mentioned interventions are also effective in reducing risk factors of GBV (such as substance abuse and limited women’s decision-making) and enhancing protective factors, such as better communication skills and decreased tolerance toward GBV (Diop et al. 2004). Such results are particularly important in view of the need to eradicate the social tolerance of trafficking and abuse of minors in certain localities of the country.

School systems offer a good entry point for transforming harmful norms on gender relations; they provide an opportunity to reach parents in a teaching-learning environment and thus hold great potential for taking GBV prevention to scale. School-based interventions that address preventing dating violence, nonpartner sexual violence, peer violence, and corporal punishment may be important for longer-term GBV prevention because of the recognized connection between boys’ use of peer
violence at school and the perpetration of GBV in intimate relationships (Ozer et al. 2004). South Africa’s Stepping Stones program—which covered gender relations, love, relationships, GBV, HIV and other sexually transmitted infections, condom use, and communication skills—resulted in a significant reduction in young men’s perpetration of IPV (Jewkes et al. 2008). In addition, such programs can be effectively used to tackle school-based GBV, a serious concern in Madagascar.

The adoption of school-based GBV curricula—covering GBV, the importance of respectful romantic and sexual relationships, and SRH issues—offers promise in changing mindsets and behaviors around GBV. Short educational activities such as workshops on dating violence can help raise knowledge and awareness on different forms of GBV among young participants (Gage, Honoré, and Deleon 2016; Lazarevich et al. 2017). The long-term Precede-Proceed Model with girls in the Islamic Republic of Iran had significant positive impacts on gender-related attitudes (Ekhtiari et al. 2013). A multicomponent, school-based intervention in South Africa (PREPARE) has led to, among other outcomes, the reduction of IPV victimization and the formation of safer intimate partnerships among adolescents (Matthews et al. 2017).

Providing quality and affordable services to those who have experienced GBV should be a priority action for Madagascar. Enabling institutional service delivery across different sectors (police, health, psycho-social assistance, and economic and income support) as well as access to justice for survivors is key to protecting them. Global evidence suggests that accessible, affordable, and adequate service provision for GBV survivors is crucial for preventing further incidents of violence and providing immediate support. The qualitative assessment conducted as part of this analysis indicates that the provision of psycho-social services and shelters needs to be prioritized in Madagascar, because both services play a vital role in the response to GBV. Effectively trained health staff (often the first responders) can help adequately screen and refer survivors of GBV. The financial costs associated with reporting these types of cases also need to be addressed. The establishment of all-women’s justice centers that mostly employ female officers, and where GBV survivors receive assistance in filing formal complaints, has increased the rates of reporting of GBV in Argentina, Brazil, Ecuador, Ghana, India, Mexico, South Africa, and Uganda (Kavanaugh, Sviatschi, and Trako 2018). In general, it is crucial to pair protective measures and service delivery to survivors with comprehensive prevention efforts, including those targeted at adolescents such as the PREPARE intervention in South Africa (Mathews et al. 2016).
Appendix A. Methodology of the qualitative background study

This report is based on qualitative data collected in three regions of Madagascar in June and July 2022. Before the qualitative data collection with young women and parents of adolescent girls, existing quantitative data were analyzed, followed by a literature review, a review of the current legal system, and 10 key informant interviews. The key informants interviewed included a range of representatives from relevant government institutions, development partners, researchers, nongovernmental organizations active in relevant areas, and activists. The interviews followed a series of questions intended to explain girls’ and young women’s experiences in relation to education, family formation, and labor market participation. Key informant interviews helped to reflect on and discuss barriers, facilitators, and other important aspects of observed gender gaps in the country. Findings from the interviews informed the design and focus areas of the subsequent qualitative research.

On the basis of those key informant interviews, initial quantitative data analysis, and literature review, a subsequent dedicated qualitative data collection effort focused on exploring the issues faced by young women in Madagascar. The overall qualitative research aimed to generate knowledge about a range of factors that contribute to gender inequalities in education, family formation, employment, and access to health care, with a particular focus on adolescent girls and young women.

Building on a lifecycle approach, the study focused on the issues young women in selected regions face in their educational, family, and work trajectories. This research followed the principles of protection of human subjects outlined by the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1979) and the World Health Organization’s “Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women” (WHO 2001). All research protocols were submitted to an ethical review board for approval before data collection. In addition, all World Health Organization and national COVID-19 protocols were followed to ensure the safety of the research team and participants.

The qualitative data collection took place in three regions in order to capture the geographical diversity of Madagascar. In addition, selected regions differ significantly in terms of gender disparities observed (Table A.1). In particular, the Analamanga region was represented by the capital city Antananarivo, which displays the lowest proportion of illiterate women (8.7 percent) and the lowest share of women ages 20–24 who married before the age of 18 (17.9 percent) (DHS 2021). In Antananarivo, two urban communities were chosen with a concentration of industrial companies, businesses, and stores in each area. Atsimo-Atsinanana and Sofia regions were selected because they have high rates of illiteracy among adult women (54 percent and 25 percent, respectively) and high prevalence rates of child marriage (54.5 percent and 65 percent, respectively, of women ages 20–24 were first married by age 18) (DHS 2021). The districts of Mandritsara (Sofia region) and Vangaindrano (Atsimo-Atsinanana region) were selected because...
they display large gender disparities in favor of boys in secondary school enrollment and attendance rates.

Table A.1. Justification of the choice of regions for the study

<table>
<thead>
<tr>
<th>Region</th>
<th>Women’s illiteracy rate</th>
<th>Child marriage rate</th>
<th>Net secondary school attendance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analamanga (capital Antananarivo)</td>
<td>8.7 percent</td>
<td>17.9 percent</td>
<td>54.8 percent (vs. 45 percent of boys)</td>
</tr>
<tr>
<td>Atsimo-Atsinanana</td>
<td>54 percent</td>
<td>54.5 percent</td>
<td>16.5 percent (vs. 23.1 percent of boys)</td>
</tr>
<tr>
<td>Sofia</td>
<td>25 percent</td>
<td>65 percent</td>
<td>21.6 percent (vs. 22 percent of boys)</td>
</tr>
</tbody>
</table>


Data collection used the following three main instruments:

1. **Key informant interviews** with a wide range of representatives from the education, health, and private sectors; religious and traditional leaders; elected officials; and representatives from civil society.

2. **Focus group discussions** with women ages 25–34 and mothers and fathers of adolescent girls. Because of COVID-19 considerations, each focus group consisted of up to five persons.

3. **In-depth interviews** with young women ages 18–24 and mothers of adolescent girls. A subsample of young women for individual in-depth interviews consisted of positive deviants (PDs). A PD approach implies a focus on researching individuals who confront similar challenges and constraints as their non-PD peers but who employ strategies and behaviors that help them overcome those constraints and achieve positive outcomes that are unusual in their own contexts. The advantage of the PD approach is the ability to identify solutions that some individuals already employ (Pascale and Monique 2010). In this study, the PDs consisted of young women who (1) completed high school without interruptions, (2) reentered school after dropping out, (3) completed professional training, or (4) launched their own small business.

Interview guides for the different groups of interviewees or focus groups included questions related to the aspects of education, family formation, and labor market participation of young women in Madagascar. Local authorities, particularly the
*fokontany* (chiefs) supported the recruitment of participants for the individual in-depth interviews and focus group discussions. The research team provided them with the desired criteria as well as the quotas to be reached for each subsample of participants. The local authorities were then responsible for identifying potential participants. Volunteers who came to register were screened to ensure that they met the criteria (age, status as a parent of an adolescent girl, educational background, and so on). Additionally, snowball sampling complemented the volunteer-based sampling in identifying the four types of positive deviants. See table A.2 for a summary of the study participants, their region, and which activities they participated in.

**Table A.2. Distribution of study participants, by region and instrument of data collection**

<table>
<thead>
<tr>
<th>Analamanga</th>
<th>Sofia</th>
<th>Atsimo-Atsinanana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FGD</strong></td>
<td><strong>IDI</strong></td>
<td><strong>KII</strong></td>
</tr>
<tr>
<td>Young women ages 18–24</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Young women ages 25–34</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mothers of adolescent girls</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fathers of adolescent girls</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>PD (completed high school)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PD (reentered school after dropping out)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PD (completed professional training)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PD (created small business)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Representatives from civil society</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Representatives from education sector</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Representatives of health sector</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Religious and traditional leaders</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Representatives from private sector</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Local elected officials</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>


*Note: FGD = focus group discussion; IDI = in-depth interview; KII = key informant interview; PD = positive deviant.*

All individual interviews and group discussions conducted in Malagasy were voice-recorded, transcribed, and translated into French. Generic coding, a method of coding that involves classifying each interviewee’s statements into previously established thematic codes, was used (Huberman and Miles 2003). As new information became available, the list of preestablished codes was revisited and expanded.

The team encountered several challenges during fieldwork. The research team encountered a language barrier in the Atsimo-Atsinanana region. Most group discussions were conducted in the presence of the focal point, who provided translation from the local dialect to official Malagasy and vice versa. Because that translation occurred only at the end of each discussion so as not to cut off the interviewees’ answers, it is possible that the rephrasing could have distorted some of the comments. In addition, many factors such as the interviewer’s attitude, the interviewee’s social status, and existing
taboos come into play in interview situations, affecting the authenticity and richness of the information collected. These factors elicited reactions described from some of the interviewees during the various interviews including inhibition (manifested in either abrupt and underdeveloped responses during interviews or limited participation in focus groups discussions) or defensive attitudes (specifically in the case of one traditional leader in the Atsimo-Atsinanana region).
## Appendix B. Legal framework for gender equality

<table>
<thead>
<tr>
<th>Title of key policy or plan</th>
<th>Year</th>
<th>Description of gender content</th>
<th>Madagascar’s status</th>
</tr>
</thead>
</table>
| Malagasy Nationality Law<sup>a</sup> | 1960 | • Gives men and women equal rights to pass on nationality to children.  
• Helps spouses and children to retain their nationality if a partner or a parent loses theirs. | Amended on January 2017 (Law No. 2016-038) allowing women to transfer their nationality to their children |
| Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)<sup>b</sup> | 1980 | • Although the CEDAW was adopted in 1980, the CEDAW Committee adopted General Recommendation No. 244 in 1994 on health services, recognizing that child and maternal mortality rates and declining life expectancy were unacceptable, and recommending the next report indicate what effective measures were being taken by the government to counter the alarming situation in women’s health.  
• Article 4 calls for a “25 percent quota for women in the National Assembly.” | Ratified on March 17, 1989 |
| Convention on the Rights of the Child (CRC)<sup>c</sup> | 1990 | • Defines a child as a person below age 18.  
• Commits state parties to protect children from all forms of mental and physical violence, as well as sexual exploitation, child marriage, abuse, harmful traditional practices, and prostitution. | Ratified on March 19, 1991 |
| African Charter on Human and Peoples’ Rights<sup>d</sup> | 1991 | • Calls for the elimination of discrimination against women and protection of rights of women and children  
• Prohibits all child marriage. | Ratified on March 9, 1992  
Ratified in 2005 |
| CRC Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution, and child pornography<sup>e</sup> | 2000 | • Commits state parties to protect children from economic exploitation and any form that can interfere with a child’s education and can cause harm including to health and physical, mental, spiritual, moral, and social development.  
• Commits the prohibition of the sale of children, child prostitution, and child pornography. | Ratified on September 22, 2004 |
| Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa<sup>f</sup> | 2004 | • Calls on states to protect several rights of women and girls, including property rights, rights to a consensual marriage, protection against child marriage, widows’ rights, inheritance rights, and protection against all forms of violence. | Ratified on May 20, 2019 |
| Labor Code<sup>g</sup> | 2004 | • Discrimination of all forms, including based on gender, religion, race, political affiliation, disability, or trade union membership, is prohibited in the workplace (Article 64).  
• Law prohibits women from working in positions that would pose a danger to their health or safety, includes working at night in the industrial sectors such as mining (Labour Law, Article 85). | |
| Marriage and Matrimonial Act<sup>h</sup> | 2007 | • Increases the legal age for marriage to 18 years old for both women and men. | Although marriage under 18 is prohibited, parental consent is permitted under the judicial authorization for “serious reasons.” |
| Gender and Elections Strategy (2015–2020) (Genre et Élections à Madagascar 2015–2020)<sup>i</sup> | 2015 | • Commits to improving women’s political participation at all stages of the electoral process and strengthening the capacities of women candidates in politics.  
• Lists specific measures to mainstream gender in the legislation on political parties and elections. | |
| Madagascar’s National Health Policy (the Plan de Développement du Secteur Santé) (PDSS)<sup>j</sup> | 2015 | • Commits to improving the supply and quality of health care services at all levels and encouraging the population to use them, as well as improving maternal and child health outcomes.  
• Intends to increase the utilization of family planning and share of assisted deliveries through improved accessibility and affordability of respective services. | |
<table>
<thead>
<tr>
<th>Title of key policy or plan</th>
<th>Year</th>
<th>Description of gender content</th>
<th>Madagascar’s status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning Strategic Plan (2016–2020)</td>
<td>2016</td>
<td>• Securing reproductive health products that include targets, indicators, and a road map for addressing maternal mortality by taking a multisectoral approach.</td>
<td></td>
</tr>
<tr>
<td>National Land Program (2016–2020)</td>
<td>2016</td>
<td>• Secured land rights access to all persons regardless of sex, age, and wealth.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implemented legal interventions to address discrimination against women in terms of violence and access to resources and agency.</td>
<td></td>
</tr>
<tr>
<td>National Policy on Community Health (PNSC) in seven regions:</td>
<td>2017</td>
<td>• No clear policy recommendations for addressing gender equity or social inclusion in the health sector.</td>
<td></td>
</tr>
<tr>
<td>Analanjirofo, Boeny, DIANA, Melaky, Menabe, SAVA, and Sofia</td>
<td></td>
<td>• The policy does not clearly define who qualifies as vulnerable or a strategy to reach groups with different needs.</td>
<td></td>
</tr>
<tr>
<td>Reproductive Health and Family Planning Law</td>
<td>2017</td>
<td>• Permits girls—for the first time—to access contraception without parental consent.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aims to reach 50 percent prevalence of contraception use by 2020 by targeting youth, and girls in particular who are more susceptible to early and forced child marriage, violence against women and girls, and school dropout.</td>
<td></td>
</tr>
<tr>
<td>Madagascar’s National Strategy for Combating Gender-Based Violence (2017–2021)</td>
<td>2018</td>
<td>• Introduced policy to address discrimination against women in terms of violence and access to resources and agency.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Established a National Bureau for Sexual Gender-based Violence (free legal aid, psycho-social services).</td>
<td></td>
</tr>
<tr>
<td>National Strategic Plan on Child Marriage (2018–2024)</td>
<td>2018</td>
<td>• The overall objective of the strategy is to reduce the prevalence of child marriage from 41.2 percent to 21.2 percent over the seven years and ensure that all villages are declared free of child marriage.</td>
<td></td>
</tr>
</tbody>
</table>


c. ILO Madagascar: Legislation.
k. USAID. Madagascar – Land Tenure and Property Rights Profile, 2019.
References


