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# USAID'S COLLECTIVE ACTION TO REDUCE GENDER-BASED VIOLENCE (CARE-GBV)

## How to Use USAID's Interactive Maps on the Prevalence of Child, Early, and Forced Marriage and Female Genital Mutilation/Cutting

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# How to Use USAID’s Interactive Maps on the Prevalence of Child, Early, and Forced Marriage and Female Genital Mutilation/Cutting

## Overview

The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID’s collective prevention and response, or “collective action,” in GBV development programming across USAID. This how-to note orients users to the [interactive maps on child, early, and forced marriage \(CEFM\) and female genital mutilation/cutting \(FGM/C\)](#). The maps can help USAID missions, operating units,

Explore the interactive maps on CEFM and FGM/C [here](#). To read more about CARE-GBV, click [here](#).

and implementing partners identify where CEFM and FGM/C are occurring globally, including “hot spots” (areas of higher prevalence) at the subnational level.

## Key Points

- CEFM and FGM/C are forms of gender-based violence (GBV)<sup>a</sup> and human rights violations experienced by millions of women and girls, in all their diversity, worldwide.
- CEFM and FGM/C are harmful practices rooted in gender norms, but each practice has unique and context-specific drivers that can include wealth, education, and religion.
- Stakeholders can use the maps to identify prevalence

and, in some countries, changes in prevalence over time. These data can help identify geographic areas where more assessment is needed to target programming and invest in community-driven solutions. Information from these maps can be considered with other issue-based maps, such as on migration, nutrition, and drought levels, to identify other factors that may affect the prevalence of CEFM and FGM/C and to target sectoral programming on CEFM and FGM/C.

- Where data are available, the maps offer a view of the co-occurrence of CEFM and FGM/C and additional factors, such as rates of education, the presence of health care services, and women’s attitudes toward CEFM and FGM/C. Observed co-occurrence of the practices does not suggest that they are causally related. While some areas may have high rates of both CEFM and FGM/C, the rate of CEFM does not necessarily predict the rate of FGM/C, or vice versa.

<sup>a</sup> The U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (GBV Strategy) defines GBV as “any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity.”

## Introduction

CEFM and FGM/C are harmful GBV practices that affect millions of women and girls, in all their diversity, around the world. **Child or early marriage**\* is any marriage where at least one of the parties is under 18 years of age. **Forced marriage** occurs when one or both parties have not expressed free and full consent to the union.<sup>1</sup> “Forced marriage” encompasses child and early marriage, because children under 18 years of age are not able to give full consent.<sup>2</sup> **Female genital mutilation/cutting** is defined by the World Health Organization as “any partial or total removal of the external genitalia or any other injury of the female genital organs for non-medical reasons.”<sup>3</sup> These practices, and their co-occurrence, are driven by a range of social, economic, and contextual drivers. Addressing the drivers and reducing both practices can help women and girls realize their human rights, as well as reduce maternal mortality, decrease school dropout rates, and increase women’s civic engagement and participation in the labor force.

Although both practices are consequences of harmful gender norms, the prevalence and co-occurrence of the practices vary among and within countries. While some subnational areas<sup>b</sup> have similar prevalence of both CEFM and FGM/C, many do not. The practices’ prevalence and level of co-occurrence are influenced by other factors including wealth, education, and religion. The interactive maps present the prevalence of CEFM and FGM/C and secondary indicators across countries where CEFM and FGM/C are practiced. The maps also include data at the national and subnational levels (where available). USAID staff and implementing partners can use the maps to identify patterns and trends within countries and across shared borders. In select countries, additional data are provided on health care facilities and schools.

According to UNICEF, “Both [CEFM and FGM/C] have existed for generations, as manifestations of gender inequality, and have been propagated by discriminatory norms that devalue girls. Both have been used to control female sexuality, with justifications including the preservation of ‘purity’ and virginity, and the safeguarding of family ‘honour.’”

UNICEF (2020). Understanding the relationship between child marriage and female genital mutilation: A statistical overview of their co-occurrence and risk factors. UNICEF Data and Analytics, 2021. Available from: <https://data.unicef.org/resources/understanding-the-relationship-between-child-marriage-and-fgm/>

## Learning questions for the CEFM and FGM/C maps

The prevalence of one or both harmful practices is just one among several factors to consider when identifying geographic areas to target with CEFM and FGM/C programming. Other factors include political will, presence of local organizations committed to ending harmful practices, and communities’ receptiveness to changing harmful norms that promote CEFM and FGM/C.<sup>4,5,6</sup> These maps can provide important data to support a case for geographically targeted programming; however, exploring social and gender norms is critical to understanding why high prevalence might exist and how to design interventions to target root causes. A comprehensive gender analysis should incorporate these social and gender norms and influence an activity’s design.<sup>7</sup> To learn more about identifying and advancing equitable social norms, refer to the first how-to note of this series, “[How to Identify and Advance Equitable Social Norms.](#)”

\* Bolded terms are defined in Table 1 on page 4.

<sup>b</sup> The unit of subnational data from Demographic and Health Survey (DHS) and Multiple Indicator Cluster Surveys (MICS) depends on the country, and could be district, region, or province. Therefore, we use a general “subnational areas” term.

The maps can help answer these learning questions:

- What is the prevalence of CEFM and FGM/C nationally and subnationally?
- How does the prevalence at subnational levels compare to national prevalence?
- Where is prevalence of CEFM and FGM/C increasing, staying the same, or decreasing?
- How does the prevalence of CEFM and FGM/C vary across wealth quintiles and/or literacy levels?
- For countries where data are available: What percentage of women believe that the practice of FGM/C should continue?
- For select countries with additional data: In areas of high CEFM or FGM/C prevalence, where are schools and health facilities located and how can that information inform program design in those areas?

**Table 1. Key definitions**

<b>Child, early, and forced marriage (CEFM)</b>	Child and early marriage refers to an informal or formal union in which one or both parties are under the age of 18. <sup>8</sup> Forced marriage is an informal or formal union at any age that occurs without the free and full consent of one or both parties. Forced marriage encompasses child and early marriage, because people under 18 years of age are unable to give free and informed consent. <sup>9</sup>
<b>Female genital mutilation and cutting (FGM/C)</b>	All procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. <sup>10</sup>
<b>Demographic and Health Survey (DHS) Program</b>	Nationally-representative population-based surveys, developed by USAID, that collect information on health, nutrition, and demographic indicators in a specific country. <sup>11</sup>
<b>Multiple Indicator Cluster Surveys (MICS)</b>	An international household survey program, developed by UNICEF, which generates data on key indicators related to the well-being of children and women in areas of health, education, and child protection. <sup>12</sup>
<b>Prevalence</b>	The proportion of the population that has a particular attribute at a specified point in time. <sup>13</sup>
<b>Indicator</b>	A measurable characteristic of a population that can be used to show changes or progress a program is making toward achieving a specific outcome. <sup>14</sup>
<b>Health facilities</b>	Hospitals, primary health care centers, health posts, clinics, and dispensaries where individuals can access medical care or treatment.



## Methodology

Data included in these maps originate from UNICEF's [MICS](#) reports and USAID's [DHS Program](#). In these standardized surveys, girls and women (ages 15–49) in selected households are asked to respond to various survey questions, including whether they have been married or lived with a man as if married, and whether they have undergone FGM/C.

The interactive maps include data from 119 countries.<sup>c</sup> Data used in the maps were collected between 2010 and 2020, and they reflect the most recent reporting from each country. Where available, some of the maps include data from two points in time, to present changes in subnational prevalence in CEFM and FGM/C.

The primary indicators selected for the maps are **CEFM <15\*** (girls who are married before their 15th birthday), **CEFM <18** (girls who are married before their 18th birthday), **FGM/C** (girls and women who report experiencing FGM/C), **women's attitudes about FGM/C**, and co-occurrence of CEFM <18 and FGM/C. The maps also include information on **wealth quintile** and **education**, which are two demographic indicators that are often associated with CEFM and FGM/C prevalence. In select countries, data on health facilities and schools are included on the maps.

It is important to note that the way each indicator is defined differs among countries. For example, FGM/C prevalence may be measured among women ages 15–49, women ages 20–24, or both. The pop-up windows provide detailed information on these variables and the data source.

<sup>c</sup> These practices occur around the world and the data presented in the maps do not reflect an exhaustive global story on the prevalence of CEFM and FGM/C.

\* Bolded terms are defined in Table 2

### Table 2. Indicator definitions

- **CEFM <15 prevalence:** Percentage of women ages 20–49 years who first married or entered a marital union before their 15th birthday.
- **CEFM <18 prevalence:** Percentage of women ages 20–49 years who first married or entered a marital union before their 18th birthday.
- **FGM/C prevalence:** Percentage of girls and women ages 15–49 who have experienced FGM/C.
- **Women's attitudes about continuing FGM/C:** Percent distribution of women ages 15–49 who have heard of FGM/C by their opinion on whether the practice of FGM/C should be continued.
- **Education:** Measured by literacy<sup>d</sup> or illiteracy,<sup>e</sup> depending on the data source. The pop-up windows for each national or subnational location explain the education variable.
- **Wealth quintile:** The wealth index considers characteristics related to wealth status and is assumed to capture underlying long-term wealth through information on the household assets. At the national level, where data are available, FGM/C prevalence is presented across five categories, or quintiles: poorest, second, middle, fourth, and richest. For more information, visit the DHS Program's [Wealth Index](#) page. At the subnational level, these data are presented by the poorest wealth quintile, which indicates the percentage of households that are among the poorest wealth category in a particular location.

<sup>d</sup> DHS defines literacy as: "Percent distribution of women by level of schooling attended and by level of literacy, and percent literate, according to background characteristics" (DHS. Available from: <https://dhsprogram.com/data/DHS-Survey-Indicators-Characteristics-of-Households.cfm>). MICS defines literacy rate (ages 15–24) as "percentage of women and men age 15–24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education" (MICS. Available from: <https://mics.unicef.org/tools/#survey-design>).

<sup>e</sup> The definition for illiteracy varies by survey, but the term primarily refers to respondents who "can't read at all and have attended preschool or no school at all, ages 15–49."

# Maps

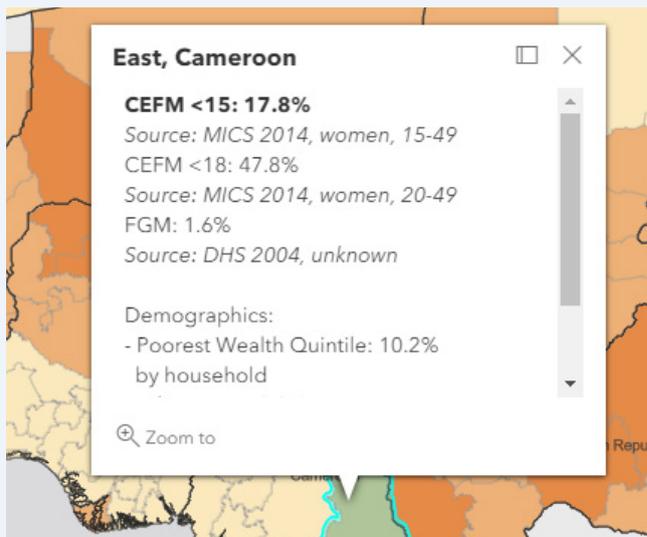
This section provides examples from specific countries to illustrate how to view the data on the maps. Follow along with these examples by opening the [link to the interactive maps](#) and navigating to the map being described.

## I. CEFM Data: Let's Look at Cameroon

### Map 1.1: National and subnational data on CEFM <15

**Map 1.1** (Figure 1) includes countries with available national and subnational data on girls who married before their 15th birthday (CEFM<15). Sliding the swipe tool in the middle of the screen to the right displays national prevalence information, while sliding the swipe tool to the left displays subnational prevalence. Country names will appear when zoomed in slightly to the map using the “+” button on the bottom right side of the map. For example, click on Cameroon to view the prevalence of CEFM among women ages 15–49 (CEFM <15) there. This data box reveals a prevalence of **11.4%**. Slide the swipe tool left to view the easternmost region in Cameroon, East. This data box shows that this subnational region of Cameroon has a CEFM before age 15 prevalence (CEFM <15) of **17.8%**, which is above the national average.

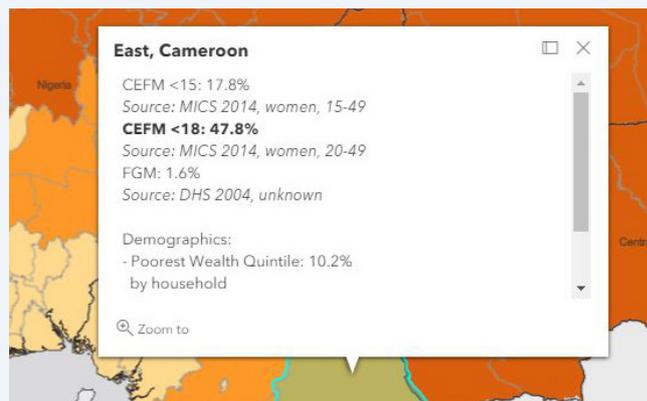
**Figure 1. Map 1.1: CEFM <15 prevalence in East, Cameroon**



### Map 1.2: National and subnational data on CEFM <18

**Map 1.2** (Figure 2) displays countries with available national and subnational data on CEFM <18. Like the previous map, sliding the swipe tool icon in the middle of the map to the left displays the subnational prevalence and moving it to the right displays the national prevalence. To view Cameroon's prevalence, for example, move the cursor to the right and click on the country to view the CEFM <18 prevalence, which is **36%** among women ages 20–49. Moving the cursor to the left and clicking on the easternmost region, East, displays a CEFM <18 prevalence of **47.8%**.

**Figure 2. Map 1.2: CEFM <18 prevalence in East, Cameroon**



### Map 1.3: Change over time<sup>f</sup> for CEFM <15 at the subnational level

In **Map 1.3** (Figure 3), users can view change over time at the subnational level for the percentage of girls who married before their 15th birthday (CEFM <15). The time periods differ by country, based on what data were available. The legend (Figure 4) describes the change between two time points as increasing, decreasing,

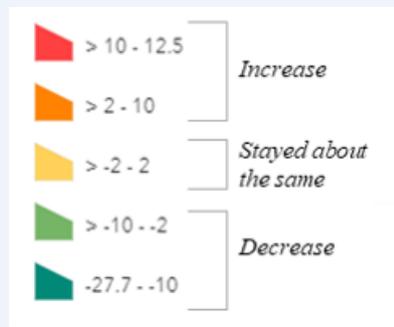
<sup>f</sup> Where available, some of the maps include data from two points in time, to present changes in subnational prevalence in CEFM and FGM/C. The maps present these data as a simple difference over two time periods and display a percentage point difference.

or staying about the same. In the example of East, Cameroon, users will see that the map shows that CEFM before age 15 (CEFM <15) has stayed about the same (illustrated in the yellow color), increasing by 0.2 percentage points from **17.6% in 2006 to 17.8% in 2014**.

**Figure 3. Map I.3: Change over time for CEFM <15 in East, Cameroon**



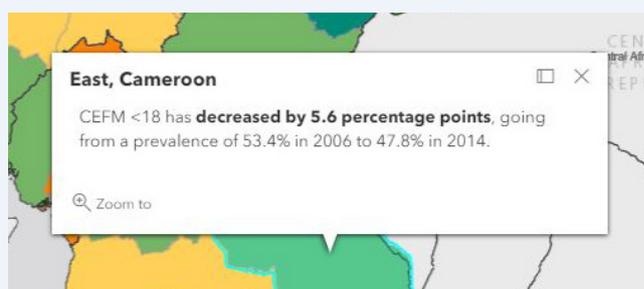
**Figure 4. Legend showing change in prevalence of CEFM <15 over time**



### Map I.4: Change over time for CEFM <18 at the subnational level

In **Map I.4**, (Figure 5) users can view the change over a specific time period for CEFM <18 at the subnational level. The time period differs by country, based on what data were available. Returning to the example of East, Cameroon, we see that CEFM <18 has decreased (illustrated in the light green color) by 5.6 percentage points from **53.4% in 2006 to 47.8% in 2014**.

**Figure 5. Map I.4: Change over time for CEFM <18 in East, Cameroon**

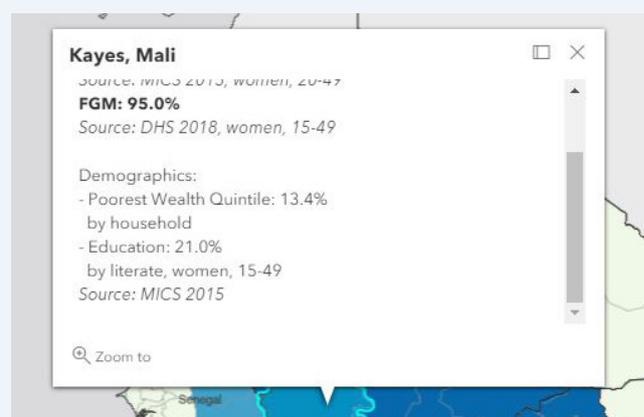


## 2. FGM/C Data: Let's Look at Mali

### Map 2.1: National and subnational data on FGM/C

**Map 2.1** (Figure 6) focuses on countries with available national and subnational data on FGM/C prevalence. Sliding the swipe tool to the right displays the national data, and sliding to the left provides a view of the subnational data. Click on a country or subnational area in the map to display a pop-up window with more details. For example, sliding the swipe tool right and clicking on Mali displays national-level FGM/C prevalence for girls and women ages 15–49 as **89%**. Sliding the swipe tool to the left reveals prevalence at the subnational level. For example, in southern Mali, in the subnational area of Kayes, the prevalence of FGM/C is **95%**. In the northern region of Tombouctou, Mali, the prevalence of FGM/C is **50%**. Finally, in the northeast, in the subnational area of Kidal, Mali, bordered by Algeria and Niger, the prevalence of FGM/C is **1%**. Thus, the variation within one country can be considerable.

**Figure 6. Map 2.1: National and subnational data on FGM/C**



Additional demographic indicators can be viewed in the maps. In the national map, FGM/C prevalence can be viewed across wealth quintiles and by urban and rural settings.<sup>8</sup> FGM/C prevalence at the national level is **86%** in the poorest quintile and **90%** in the richest quintile. FGM/C prevalence in urban locations is at **89%** and in rural locations is **88%**. Therefore, there is no major difference in FGM/C prevalence between urban and rural locations, or among wealth quintiles.

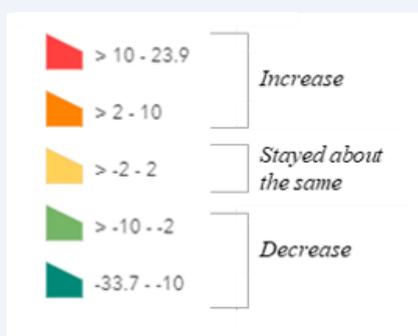
### Map 2.2: FGM/C change over time

**Map 2.2** (Figure 7) includes changes in subnational FGM/C prevalence data over time. In this example, users will see that FGM/C prevalence in Tombouctou, Mali, increased by **2.1** percentage points (illustrated by the orange color) from **47.9% in 2010** to **50% in 2015**, while in the neighboring subnational area, Koulikoro, prevalence has stayed about the same within 1.4 percentage points (illustrated by the yellow color, Figure 8), going from **97.4% in 2010** to **96% in 2015**.

**Figure 7. Map 2.2: FGM/C prevalence change over time**



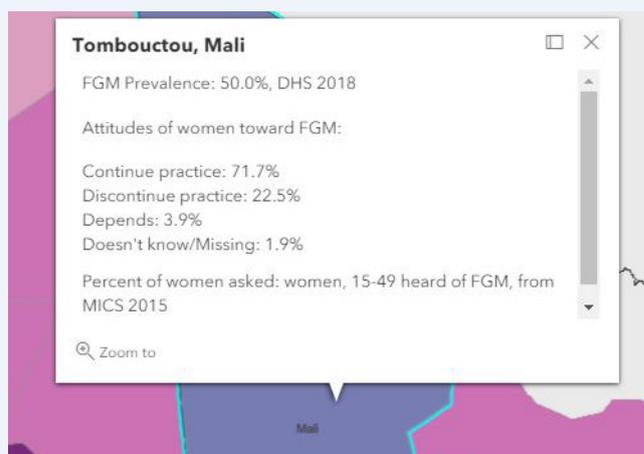
**Figure 8. Legend showing FGM/C prevalence change over time**



### Map 2.3: Subnational data on women’s attitudes about continuing FGM/C

**Map 2.3** (Figure 9) contains subnational data on women’s attitudes about continuing FGM/C. Survey respondents (women ages 15–49 who have heard of FGM/C) were asked whether they thought the practice of FGM/C should be continued. In Tombouctou, Mali, where FGM/C prevalence is 50%, **22.5%** of respondents indicated that the practice should be discontinued and **71.7%** of respondents stated that the practice should continue. In Segou, Mali, where FGM/C prevalence is 92.0%, **12.0%** of respondents indicated that the practice should be discontinued, and **74.6%** of respondents indicated that the practice should be continued.

**Figure 9. Map 2.3: Female survey respondents’ attitudes about continuing FGM/C by subnational area**



<sup>8</sup> The designation of areas as urban or rural is made according to the definition used in each country. Countries’ definitions are based on several factors, including population size and density and concentration of infrastructure, with urban areas having higher population density and greater concentration of infrastructure compared to rural areas. – Adapted from [DHS](#) and the [USAID Urban Policy Implementation Assessment](#)

### 3. Co-occurrence of FGM/C and CEFM <18: Let's Look at Chad

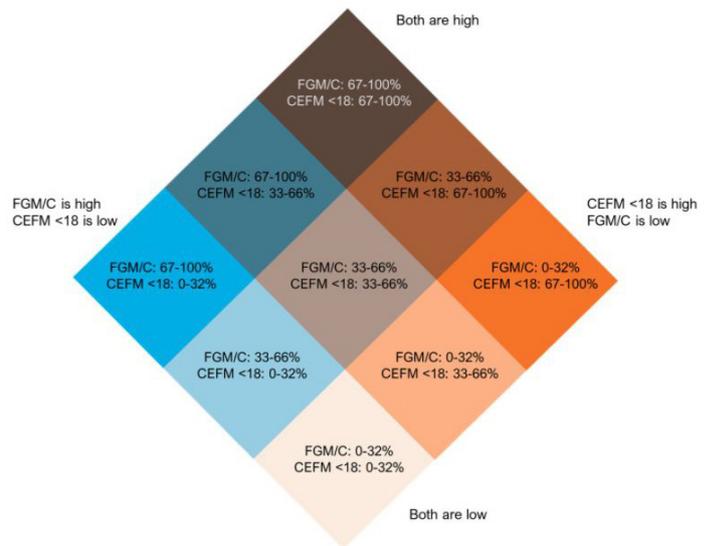
When two distinct variables need to be viewed simultaneously to identify patterns where they are frequently found together (co-occurrence), or where one variable is a lower value and the other variable is a higher value, they can be presented on the map using a new color scheme. To identify trends of co-occurrence of FGM/C and CEFM before age 18 (CEFM <18), national and subnational areas are color-coded using the relationship diamond in Figure 10. The dark brown color, located at the top point of the diamond, shows where the prevalence of both FGM/C and CEFM before age 18 (CEFM <18) is high (between 67% and 100%). The darker blue color, located at the left point of the diamond, indicates regions with high prevalence of FGM/C (67–100%) and low CEFM before age 18 (CEFM <18) prevalence (0–32%). Regions in darker orange, located at the right point of the diamond, have high CEFM before age 18 (CEFM <18) prevalence (67–100%) and low FGM/C (0–32%). The light taupe color, located at the bottom point of the diamond, indicates regions with low prevalence of both FGM/C (0–32%) and CEFM before age 18 (CEFM <18) (0–32%). **The darker the color, the higher the prevalence; the lighter the color, the lower the prevalence.**

For example, in the co-occurrence map (Figure 11), Chari-Baguirmi, Chad, a region in the southwest, appears brownish orange, which illustrates that CEFM before age 18 (CEFM <18) prevalence is high (67–100%), while FGM/C prevalence is medium (33–66%). When users click on this region in the map, the pop-up box shows that the prevalence of girls who married before their 18th birthday (CEFM < 18) is **69.4%** and the prevalence of FGM/C is **39.4%**.

By comparison, in Southern Chad, the region of Mandoul is brownish blue, which conveys that FGM/C prevalence is high (between 67% and 100%), while CEFM before age 18 (CEFM <18) prevalence is medium (between 33% and 66%). The pop-up box shows that prevalence of FGM/C is **80.4%**, and CEFM before age 18 (CEFM < 18) is **52.7%**.

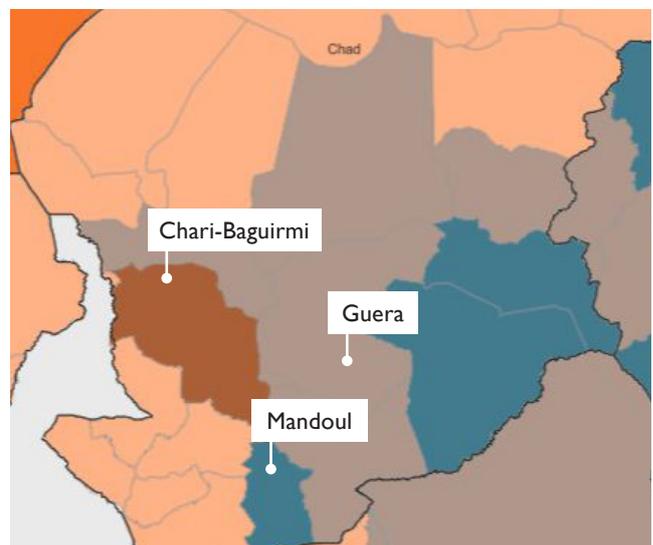
Lastly, Guera, near the center of the country, is light brown, indicating a prevalence between 33% and 66% for both CEFM before age 18 (CEFM <18) and FGM/C. By selecting that region, one can see that FGM/C prevalence is **64.1%** and CEFM before age 18 (CEFM <18) is **62.5%**.

Figure 10. Relationship Diamond



Overall, these patterns show that the rates at which FGM/C and CEFM before age 18 (CEFM <18) are practiced in Chad are not always congruent, and vary substantially from one subnational area to another. Users can explore such dynamics between neighboring subnational areas. For example, Chari-Baguirmi has an FGM/C prevalence of **39.4%** compared to its neighbor Guera with **64.1%** FGM/C prevalence. Studying the differences between the subnational areas and considering the possible explanations for a lower prevalence in Guera (i.e., policies, mobilization efforts, education programs, etc.) should inform programming and allow for more precise subnational targeting.

Figure 11. Co-occurrence of FGM/C and CEFM <18 in Chad



## 4. Additional Data for Select Countries

The maps provide additional layers of data on the presence of schools and health facilities, as well as population density in select countries (Cambodia, Morocco, Nigeria, Sierra Leone, and South Sudan). This information was included for countries in which the data were available; some countries have more robust data reporting than others. The legend in the

left panel of the page shows all the data available to be viewed in the map as “layers,” where each layer displays a specific indicator for all national or subnational areas that have information for that indicator. For example, national FGM/C prevalence is shown as one layer by country boundaries, whereas subnational FGM/C prevalence is shown as another layer. Each layer has its own pop-up windows to show information. Each layer can be turned on or off by selecting the box beside the layer name.

# Worksheet

This worksheet is designed to familiarize users with the interactive maps on CEFM and FGM/C. Using the various maps, identify the locations and/or prevalence outlined in the examples below and answer the following learning questions. Answers can be found on the following page.

## Learning Questions:

**Use the maps to understand the different types of data displayed.**

The following questions will prompt the user to explore all the maps in the story maps.

#	Learning questions:	Answers:
1.	Which subnational areas have high co-occurrence of CEFM before age 18 (CEFM <18) and FGM/C?	
2.	What is the prevalence of FGM/C in urban and rural contexts in Eritrea?	
3.	Using the subnational data, what percentage of women agree that FGM/C should continue in North-Eastern, Kenya?	
4.	Do the subnational maps indicate any changes in CEFM <18 prevalence in South Darfur, Sudan, over time? What factors come to mind that could relate to the prevalence and prevalence changes?	

**The following text helps the user look at the different kinds of data in one country.**

The prevalence of CEFM in Niger is one of the highest in the world. In 2012 survey data, 76% of women ages 20–24 reported that they were married before their 18th birthday. Twenty-eight percent reported that they were married before their 15th birthday.

#	Learning questions:	Answers:
1.	Which state in Niger has the highest prevalence of girls who are married before their 15th birthday (CEFM <15)?	
2.	Which state in Niger has the highest prevalence of girls who are married before their 18th birthday (CEFM <18)?	
3.	What is the relationship between literacy rates and CEFM before age 18 (CEFM <18) in Niger?	

## Answers:

**Use the maps to understand the different types of data displayed.**

The following questions will prompt the user to explore all the maps in the story maps.

#	Learning questions:	Answers:
1.	Which subnational areas have high co-occurrence of CEFM before age 18 (CEFM <18) and FGM/C?	<i>The highest prevalence of both practices is found in central and eastern Guinea and southeastern Senegal.</i>
2.	What is the prevalence of FGM/C in urban and rural contexts in Eritrea?	<i>In Eritrea, 80% of girls and women between 15 and 49 years of age who lived in urban areas reported experiencing FGM/C, while 85% of girls and women between 15 and 49 years of age who lived in rural areas reported experiencing FGM/C. Here, there is high prevalence of FGM/C in both urban and rural areas.</i>
3.	Using the subnational data, what percentage of women agree that FGM/C should continue in North-Eastern, Kenya?	<i>In North-Eastern Kenya, 89.3% of women who had heard of FGM/C in 2014 believed that the practice should continue.</i>
4.	Do the subnational maps indicate any changes in CEFM <18 prevalence in South Darfur, Sudan, over time? What factors come to mind that could relate to the prevalence and prevalence changes?	<i>The prevalence of girls who married before their 18th birthday (CEFM &lt;18) stayed about the same between 2010 and 2014, increasing by 1.8 percentage points from 53.9% (2010) to 55.7% (2014). According to a recent qualitative GBV report, some of the factors that contribute to CEFM in Sudan include poverty and gender norms that promote control of girls' sexuality.<sup>15</sup></i>

**The following text helps the user look at the different kinds of data in one country.**

The prevalence of CEFM in Niger is one of the highest in the world. In 2012 survey data, 76% of women ages 20–24 reported that they were married before their 18th birthday. Twenty-eight percent reported that they were married before their 15th birthday.

#	Learning questions:	Answers:
1.	Which state in Niger has the highest prevalence of girls who are married before their 15th birthday (CEFM <15)?	<i>Zinder, Niger, which has a CEFM before age 15 (CEFM &lt;15) prevalence of 35.6%</i>
2.	Which state in Niger has the highest prevalence of girls who are married before their 18th birthday (CEFM <18)?	<i>Maradi, Niger, with a CEFM before age 18 (CEFM &lt;18) prevalence of 88.2%</i>
3.	What is the relationship between literacy rates and CEFM before age 18 (CEFM <18) in Niger?	<i>Using the CEFM before age 18 (CEFM &lt;18) prevalence map and clicking on the southern subnational areas in Niger with the highest CEFM before age 18 (CEFM &lt;18) prevalence (darkest orange) to see data in the pop-up windows, we find that the proportion of women who are literate in these districts is about 10%. The region of Niamey and the region in the northern half of the country, Agadez, have lower CEFM before age 18 (CEFM &lt;18) prevalence than the national prevalence, and have a higher proportion of women who are literate (53% and 29%, respectively). There may be a connection between women's low literacy and early marriage, but more information is required to determine how these variables are related. Please refer to the DHS 2012 report or other published works for more detailed analyses.</i>

## Additional Resources

- USAID (2015). [Child, Early, and Forced Marriage Resource Guide](#)
- USAID (2012). [Ending Child Marriage and Meeting the Needs of Married Children: The USAID Vision for Action](#)
- UNICEF (2020). [Understanding the Relationship between Child Marriage and Female Genital Mutilation: A Statistical Overview of their Co-occurrence and Risk Factors](#)
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