“TO PROTECT HER HONOUR”
Child marriage in emergencies – the fatal confusion between protecting girls and sexual violence
The Gender and Protection in Humanitarian Contexts: Critical Issues Series is designed for humanitarian workers, policy-makers and donors to: (1) highlight promising practices and/or gaps in programming; and (2) critically analyse work in the field of gender and protection in humanitarian contexts. This paper examines the issue of child and early forced marriage (referred to as child marriage throughout this paper) in the Syrian context, and what we can learn from our experiences.

Globally, we know that child marriage increases in emergencies where the affected population use dowry and bride price, and where these practices are entrenched in issues of shame and so-called ‘honour’. We know the reasons. We know the short, medium and long-term effects. Yet, in emergencies, this issue is often ignored at worst, or reactive at best. Here, we make the case – based on experience from the Syrian refugee crisis – for the prevention of child marriage to take place from the start of an emergency before dangerous levels are reached.

It should be noted that although boys are also forced to marry in certain contexts, this paper focuses on girls. This is not meant to negate the experience of boys, but due to the sheer number of girls married as children globally and in the Syrian refugee context, the issues facing boys are not explored in this document. (See Unicef website, Child protection issues: Child marriage, www.unicef.org/protection/57929_58008.html)

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CARE’s global capacity in GBV prevention, changing social norms and addressing child marriage

Last year (2014), CARE reached more than 568,000 women, men, boys and girls through gender-based violence (GBV) prevention and response programming in communities vulnerable to or affected by conflict and disasters. In addition, in 2014, we supported nearly 800,000 people in communities vulnerable to or affected by conflict and disasters, providing psychological first aid, psychosocial support, and mitigating protection concerns through a gender lens.

As of 2013, CARE worked in 23 countries with specific goals to reduce GBV, and worked in a further 38 countries with integrated strategies to address GBV. This list is growing, as our globally recognised work in stable contexts is translated into emergency action in contexts such as Turkey. However, we accept that CARE also needs to do more to tackle the dangerous increases in child marriage during emergencies, from the very start.

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About the author

Danielle Spencer is the Senior Humanitarian Advisor: Gender and Protection at CARE International UK and works closely with CARE’s country offices responding to the ongoing Syria crisis. Danielle also has a number of global-level responsibilities including representing CARE International at global GBV coordination forums such as the GBV AoR. Danielle has worked in GBV, child protection and protection of refugee populations in humanitarian contexts, across four continents, since 2006.

spencer@careinternational.org
@daniellewas

Cover photo: A Syrian refugee photographed in 2013 for the ‘Dear World: We Are People’ project – see syria.dearworld.me

(Please note: this photo is used for illustrative purposes only and the woman pictured is not connected with the issues covered in this briefing paper)

Photo © Robert Fogarty/CARE
“TO PROTECT HER HONOUR”
Child marriage in emergencies – the fatal confusion between protecting girls and sexual violence
Global recommendations

TO DONORS:

1. **Funding must be made available immediately.** In all emergencies, donors should have a large specific allocation of funding for GBV prevention and mitigation in emergencies. This should apply to pooled fund mechanisms as well. **GBV sectoral response plans from GBV coordination forum leads in emergencies, should be fully funded.** A global analysis into how GBV funding is used in emergencies, whether allocations are sufficient to meet the needs on the ground, and how much of that funding goes to the prevention and response of the six individual categories of GBV, should be conducted by the international community as soon as possible. In other sectors, the forthcoming GBV guidelines should be utilised by donors to ensure that GBV prevention, mitigation and response is mainstreamed into all responses.

2. **Research into GBV prevention in emergencies should not take precedence over interventions.** Immediate funding should be made available for large-scale GBV prevention and mitigation programming in emergency contexts. We call for funding to be made available to INGOs, NGOs or CBOs who have excellent track records in delivering GBV prevention programming in development as well as protracted humanitarian contexts. Research into the success of their interventions can take place concurrently with programming to prevent child marriages, and other forms of GBV.

3. **Donors must lead the way in providing significant funding for child marriage prevention and response work in emergencies.** As child marriage: (1) is a gateway to other forms of GBV both before the girl is married (boy child preference, denial of education) and after the girl is married; (2) has life-long impact on the individual, the family, the community and society; and (3) contributes to fatalities of young girls and their babies, especially in contexts with poor health care – it is vital that child marriage is addressed in emergency-affected communities from the onset of crisis and that this important prevention work continues throughout and beyond the emergency response. Without donor leadership, agencies will be unable to put interventions in place.

TO IMPLEMENTING AGENCIES:

1. **The international community, CARE included, should prioritise programming which responds to and prevents child marriage in emergencies during the early onset of a crisis.** This programming should be implemented on a large enough scale, in order to mitigate risk of exponential increase as the crisis continues.

2. **Implementing agencies (and donors) should not be afraid to work on and to speak out about ‘sensitive issues’, like child marriage, during emergencies and the international community should implement prevention and mitigation programming from the start of an emergency.** Communities affected by conflict and disaster are ready to discuss child marriage and it should be assumed that adults are able to have candid discussions with each other, whether they are in a displaced population or not. This is shown by the work of CARE and a number of other agencies in the Syria response. CARE believes that the life-saving, far-reaching outcomes of preventing child marriage in emergency contexts far outweigh the barriers to implementing this programming. Just because something is difficult, doesn’t mean we shouldn’t do it.

3. **A rapid gender analysis and protection assessment must be completed prior to programmatic interventions being put in place.** ‘One size fits all’ programming to address GBV is as inappropriate as for any other sector. CARE recently started to implement gender and protection assessments in emergency contexts. A good example from the Kobane refugee influx into Turkey is the Rapid Gender and Protection Assessment Report: Kobane Refugee Population, Suruç, Turkey by International Medical Corps and CARE, 15 October 2014.

4. **Girls who are already married should not be ignored or treated as adult clients.** Child marriage is an issue which must be approached through multiple interventions. Primary prevention (prevention of child marriage before it happens) is extremely important and can be delivered in emergency contexts, but it is also important to note that child marriage exists and secondary prevention through strong case management, psychosocial and empowerment programming is equally as important. Engaging husbands of child brides in activities which seek to change gender roles and address issues of intimate partner violence also

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has a deep impact. This is especially important as there is a link between the incidence and the severity of intimate partner violence and the age at which a girl marries.

5. All sectors should be targeted in ways that bear in mind child marriage (and broader GBV) prevention and mitigation. In particular social protection programming should ensure that vulnerability to child marriage (as an individual or as a family) is made an explicit part of the criteria determining food vouchers and other social protection assistance. According to the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings, now a decade old, “All humanitarian personnel should ... assume and believe that GBV... is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.” With the launch of the revised IASC GBV Guidelines due this year (2015), CARE hopes that actors from all sectors refocus their attentions on their GBV response, mitigation and prevention mainstreaming efforts.

TO SYRIAN REFUGEE-HOSTING GOVERNMENTS:

1. Refugee-hosting countries should ensure access to adequate legal employment, fair wages, cash programming and durable livelihoods solutions. Reports from the Syrian refugee context (and many others) indicate that the longer a family is living in poverty, the more likely they are to resort to child marriage to alleviate pressure on household resources. In some of the refugee-hosting countries surrounding Syria, Syrian refugees are not yet legally allowed to work, or they are allowed to work but with severe limitations. This contributes to an increase in poverty and a lack of access to basic needs.

2. Despite large financial and technical contributions to the Syria response from Northern states, there is a clear need to resettle more Syrian refugees in countries beyond those neighbouring Syria, in order to: (1) reduce the economic burden on refugee-hosting countries; (2) encourage refugee-hosting nations to ensure refugees are able to access legal employment and therefore reduce the economic burden on households – one of the biggest issues contributing to the increase in child marriage. Lebanon’s population prior to the start of the conflict was around 4.3 million, now the country is hosting 1.196 million Syrian persons of concern. This is a population increase of 27.83% in a country with a land mass of 10,452km². By comparison, by the end of 2014 the UK had accepted just 143 Syrian refugees under its ‘vulnerable person relocation scheme’ (introduced in January 2014), and the USA had admitted a total of 335 Syrian refugees from January 2012 to December 2014. The USA has a land mass which is 943 times that of Lebanon as well as a significantly higher GDP. Countries in the region have so far been generous, but the drain on infrastructure it is causing has already led to cracks in social cohesion.
INNOVATION IN EMERGENCIES:
CARE’S INFORMATION VOLUNTEERS PROGRAMME

CARE’s Kobane refugee response acted quickly, through our Information Volunteers programme, to inform the displaced community about the physical and social impacts of child marriage. We did this with the full knowledge that:

• a pervasive opinion amongst the Syrian community is that by marrying a girl child they are ‘protecting’ her;
• one of the main reasons given7 for the mass exodus from Kobane was to ‘protect our girls’.

Our Information Volunteers programme is based on our understanding of the deep health, protection and psychosocial impacts of early marriage. The programme is in its infancy, but already we have feedback from the communities we work in, in Turkey, that the work of the Information Volunteers is preventing child marriage – after all, Syrian families don’t want to purposefully put their girls in danger.

CARE’s extensive, long-term, social-norms work on this issue in development contexts has been adapted to a humanitarian context. We know that change takes time, which is why we are:

• utilising a peer education approach and combining the theory of reasoned action with positive community-based role models;
• encouraging learning theory and the theory of participatory education through the use of interactive experimental learning activities;
• drawing on the health belief model by promoting awareness about the potentially fatal health impacts of marrying girls early, in order to get immediate results.

In addition, the Information Volunteers are engaged in working on promoting referral pathways for GBV and in psychological first aid (PFA) which allows the Information Volunteers to become entry points for case management, to support the community psychosocially through activities and events, and to enable them to become opinion leaders in their communities. These

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7. International Medical Corps and CARE, Rapid Gender and Protection Assessment Report: Kobane Refugee Population, Suruç, Turkey, 15 October 2014, see note 1 above.
are skills which they can take back to Kobane when the time comes to return, and thus we expect that this simple programme will have longer-term lasting impact – certainly on the lives of the girls who will now not be forced into marriage.

We intend to use this programme in other emergency responses and will study the impact in different contexts. This paper is not meant to be a review of our programming – but rather a promotion of a promising practice and an appeal to donors to fund child marriage prevention work in the first phase of emergencies, and for responders to implement this type of programming. As an international community, we need to professionalise in the area of GBV prevention in emergencies, and in the words of one of our Information Volunteers in Turkey, “We cannot wait until it is a bigger problem – our girls should be protected from the destiny of early marriage.”

MAINSTREAMING CARE’S RESPONSE

As well as the innovative programming taking place in Turkey, our work throughout the rest of the region mainstreams GBV mitigation, prevention and response. In Jordan, we have a multi-sectoral protection programme which provides clients with services that help address specific economic and social vulnerabilities and as such reduces stressors on families, and thus helps prevent child marriage. Our case workers also detect cases of GBV and provide referral to specialised agencies for these cases.

In Egypt, we operate a stand-alone, comprehensive GBV response and prevention programme, and respond to child marriage cases regularly.

In Lebanon, child marriage is taken into account in all of CARE’s gender sensitive programming on social protection, WASH and shelter.

In all contexts CARE aims to adhere to all relevant external standard operating procedures (SOPs).
GLOBALLY

16 million girls aged between 15 and 19 give birth every year

1 million girls under the age of 15 give birth each year (most in low- and middle-income countries)

11% of global births are to girls aged 15-19

70,000 girls die during pregnancy and childbirth. This makes complications during pregnancy and childbirth the second highest cause of death for girls aged 15-19 worldwide.


INSIDE SYRIA PRIOR TO CONFLICT

17.7% of girls married before the age of 18

3.4% of girls married before the age of 15


LOOKING TO THE FUTURE

If nothing changes, there will be

142 million child marriages in developing countries between now and 2020

37,000 girls married every day

Source: UNFPA, Marrying too young: End child marriage, 2012
The impact of the Syrian conflict on child marriage

CHILD MARRIAGE IN THE REFUGEE CONTEXT

Prior to the crisis in Syria, between 2000 and 2009, 13% of women aged between 20 and 25 had been married as a child. This means that at least 1 in 8 women aged 20-25 were married as children. Arranged marriages and accompanying bride price were a unifying feature of Syrian life, which is exceptional in its cultural diversity.

In Jordan, there are reports that child marriage amongst the Syrian population has increased alarmingly. In 2011, the percentage of the total number of registered Syrian marriages taking place which involved a girl (15-17 years old) was 12%. (The number of boys married below the age of 18 is extremely low.) In 2013, the percentage of the total registered Syrian marriages which involved a girl rose to as high as 25% (and to just under 32% in the first quarter of 2014). The spousal age gap in marriages involving girls is also cause for concern. In 2012, of all Syrian girls who had married between the ages of 15-17, 16.2% married men who were 15 or more years older, 31.8% married men who were 10-14 years older, and 37.2% married men who were 5-9 years older.

There have been similar reports of increases in child marriage in Syrian refugee populations in Lebanon and Egypt. In Turkey, there have also been reports of child marriages within the Syrian population for some time, and it was discussed as an issue in the 2014 Regional Response Plan for Turkey. A UNHCR qualitative survey, conducted during their 16 days of activism against GBV campaign on the same subject (Nov/Dec 2014), revealed that the average age of marriage for Syrian refugee girls in Turkey was between 13 and 20, indicating that the majority of marriages take place when girls are still children – whether registered or not.

REASONS FOR CHILD MARRIAGE

CARE’s own research during a gender analysis of the Syrian refugee community in Jordan in January 2015 (which reflects the findings of a number of other reports, most notably UNICEF’s 2014 report on child marriage in Jordan, and other inter-agency assessments) indicates that raising money from bride price is not the primary motivation for most families who marry their children. In our focus discussion groups (FDGs) and interviews, child marriage was seen as a form of ‘protection’ and a way for families to keep the ‘honour’ of their daughters. It was also seen as a way to reduce the number of people in a household and the related economic burden of feeding their child, clothing her, etc. From an FDG with girls in their late teens and early 20s, girls said parents start ‘repelling’ or rejecting them from the home, and some experience emotional abuse. Older unmarried girls start to feel the rejection from their families as they are seen as an added burden to protect and a source of worry regarding their so-called ‘honour’.

In CARE’s group sessions with girls, they said that in rural areas of Syria girls can get married as early as 13 while in cities it can be as early as 15 or 16.

Preliminary results of UNHCR research into the issue of child marriage in Turkey (carried out in December 2014, through focus group discussions with 200 women, men, boy and girl Syrian refugees) corroborate feedback from CARE’s Information Volunteer programming in Turkey: (1) if parents had the financial means, they wouldn’t have resorted to child marriage; (2) although child marriage existed in Syria, it was seen as something which most often took place in rural areas. The economic issues which refugees have faced in Turkey have resulted in families who wouldn’t usually have considered child marriage (or child marriage of younger girl children) using it as a way to reduce household expenditure, and the perceived average age of girls who marry has lowered.

In Jordan, this sentiment was echoed in our focus discussion groups, when one male participant who was married with children said:

“Girls are a burden, financially, we cannot feed all of them. To remove a burden on yourself, you can get a good man to protect and provide for her.”
Unfortunately, the traditional processes which would have taken place in communities inside Syria to verify the suitability of the groom have broken down in the wake of war and displacement – placing the girl at even higher risk of further GBV within the marriage.

UNREGISTERED MARRIAGES

Reports from CARE’s work in Turkey and across the region have highlighted that a large percentage of child marriages taking place are not registered – especially in countries, like Turkey, where the legal age of marriage is set at 18 years. This puts girls at further risk – not least because they have less possibility of legal redress for incidents of GBV within the marriage. Children born within unregistered marriages are also not likely to be registered. Unregistered children are in danger of being shut out of society – denied the right to an official identity, a recognised name and a nationality. This potentially reduces the child’s ability to access services, which will be particularly problematic when these children reach school age.

A concerning short-term issue stemming from non-registered marriages is that a man may argue that the couple were not officially married at all and send the girl back to her family after they have had sexual intercourse. In these cases the girl would be incredibly unlikely to marry again and the girl’s and the family’s reputation would be damaged by the associated stigma.

“There are a lot of girls married to Turkish people and then they divorce them. The marriages are not registered for these short ones – especially when the girl is under 18. This means that girls do not have any form of protection.”

– CARE Information Volunteer in Turkey

In Jordan, a report by UNICEF11 highlighted that there was a general attitude amongst refugee and host populations that there was a need to register marriages. There was anecdotal evidence, described in the same UNICEF report, that in practice customary marriages are taking place. Reasons given for this include having to follow the procedural requirements described in Jordan’s Personal Status Law to marry girls aged 15-18, and the costs associated with registering. There are currently some positive moves in Jordan, led by civil society and UN agencies and supported by the Government of Jordan. One such move was to waive for a limited period of time the 1,000 Jordanian Dinar (US$1,412/GBP£952) fine for not registering marriage. There are currently advocacy efforts being made to extend the campaign in 2015.

SHORT-TERM CONTRACT MARRIAGES

The related issue of short-term contract marriage is also prevalent, when girls are married to men for a short period of time and once the contract has come to a close, any children resulting from the union are not considered to be the man’s responsibility.12

CHILD MARRIAGE AS A ‘WEAPON OF WAR’

During CARE’s Rapid Gender and Protection Assessment of the Kobane refugee population in Turkey (October 2014), refugees indicated that one of the primary reasons that they fled was to ‘protect’ their girls from sexual violence and forced marriage to armed combatants. In a committee meeting in the UK House of Lords in November of 2014, a highly respected Syrian refugee providing information to the committee explicitly stated that they believed that various armed groups in Syria were using child marriage and forced marriage as a weapon of war to panic and therefore displace populations. This, of course, requires further investigation, however the displacement of refugees from Kobane certainly indicates that there is reason to be concerned.

Whilst child marriage, and sexual violence, may be being used by some armed actors in Syria – and in other conflict settings – as a means of displacing populations, the root causes of child marriage, in all its forms, are gender discrimination, abuse of power and a lack of respect for human rights (as with all forms of GBV). CARE does not wish for the international community to focus on this extreme type of child marriage instead of addressing the pervasive nature of the problem in contexts where it is practised. With 15 million girls under the age of 18 married per year globally,13 we would be letting the survivors of this form of abuse down if we only focused on a small part of the issue, rather than looking at the whole picture.

11. UNICEF, A study on early marriage in Jordan 2014, p31, as note 9 above


13. See www.girlsnotbrides.org/about-child-marriage
THE VOICES OF CHILDREN WHO HAVE MARRIED

Bidool is 14. She is a girl, but she is also a wife and a mother. She holds her newborn son, Mohammed, who is sleeping throughout the interview.

“We used to live in a village outside of Damascus. In 2012, we fled to Irbid, where we are now living. When we first arrived, I went to school for three months. I knew some friends from Syria here and I made some new friends at the school in Irbid, but the school is far away from where we lived and it was expensive, so our parents decided to drop us out of school. Only my younger siblings (8 and 11) go to school now; my older sisters wanted to go to school this year, but could not register. I also have an older brother, he is 17, and he does not go to school either.

“I got married one year ago. I was 13 then and my husband, Hamseh, was 27. I knew him from Syria, he is one of my cousins. His family lives in Mufraq, but he used to live and work in Qatar. He is still in Qatar, but he cannot get a renewal for his visa and cannot work there now. He deserted from the Syrian army and now cannot get a new visa for Qatar.

“When he was on a visit to Jordan, he proposed. I thought about it. I liked him and I thought it was easier for my family in financial terms if I got married.”

We ask her how the marriage was conducted.

“We got married at home. It was normal. I don’t know anything about the legal procedure, it just happened. I then moved to live with my husband’s family in Mufraq. I knew them from before in Syria. His mother is my aunt, so it was OK. After some time, Hamseh went back to Qatar to work there, but his visa is expired and he cannot work there anymore, so he does not send any money either.

“I moved back to Irbid to live with my family. I was pregnant then. Mohammed was born only one and a half months ago. My mother helps me, but it is difficult. He does not sleep a lot at night. I know that there are other girls who are married and have children, but I do not know any of them personally.”

We ask her what her life would be like if she was still in Syria: “If we were in Syria, I would not be married; I would still be going to school.”

Confusing honour and protracted sexual violence

In many emergency contexts, families discuss protecting girls’ so-called ‘honour’. This exists in multiple contexts where multiple forms of religion are practised. ‘Honour’ is a word with complex meaning in the many communities. Simplistically, this is a word which is associated with the girl being a virgin and ensuring that she can marry. There is a huge amount of shame associated with a woman or girl losing her virginity outside of marriage (whether she has given informed consent or whether as a result of sexual violence, of which there is an increased risk in conflict and emergency situations). This opinion is held by both men and women, and during our discussion groups in Turkey it was revealed that women who were married as girls were less accepting of receiving information which explains the dangers and negative effects of child marriage. Potentially, this denial of the negative impacts of child marriage by survivors of it, is a form of self-protection.

But our Information Volunteers and the people they speak with are beginning to understand that by forcing their girl children to marry, they are not ‘protecting’ her – they are putting her at risk.

THE ISSUE OF CONSENT

The box on the next page lists a number of international human rights laws and conventions which address child marriage and forced marriage. They all clearly assert that child marriage is considered not only a violation of human rights, but also as a form of slavery.

The definition of rape is:

“Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.”

It is the idea of consent which is an issue here. A child is not considered to have the ability to fully comprehend the gravity and implications of sex and therefore is unable to ‘consent’ to have sex. All sex with a child can therefore be classified as rape using the Gender-based Violence Information Management System (GBVIMS) definition given above – whether within marriage or not. For many years, the international community has focused on the heinous crime of rape and sexual assault during emergencies. It

International human rights and legal framework

1948 DECLARATION OF HUMAN RIGHTS, ARTICLE 16 (EMPHASIS ADDED)\(^\text{15}\)

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

1956 SUPPLEMENTARY CONVENTION ON THE ABOLITION OF SLAVERY, THE SLAVE TRADE, AND INSTITUTIONS AND PRACTICES SIMILAR TO SLAVERY, ARTICLE 12\(^\text{16}\)

Each of the States Parties to this Convention shall take all practicable and necessary legislative and other measures to bring about progressively and as soon as possible the complete abolition or abandonment of the following institutions and practices, where they still exist and whether or not they are covered by the definition of slavery contained in article 1 of the Slavery Convention signed at Geneva on 25 September 1926: ...

(c) Any institution or practice whereby:

(i) A woman, without the right to refuse, is promised or given in marriage on payment of a consideration in money or in kind to her parents, guardian, family or any other person or group; or

(ii) The husband of a woman, his family, or his clan, has the right to transfer her to another person for value received or otherwise; or

(iii) A woman on the death of her husband is liable to be inherited by another person;

(d) Any institution or practice whereby a child or young person under the age of 18 years, is delivered by either or both of his [or her] natural parents or by his [or her] guardian to another person, whether for reward or not, with a view to the exploitation of the child or young person or of his [or her] labour.

1979 CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW), ARTICLE 16\(^\text{17}\)

1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

(a) The same right to enter into marriage;

(b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;

(c) The same rights and responsibilities during marriage and at its dissolution;

(d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;

(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;

(f) The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;

(g) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;

(h) The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.


\(^\text{17. www.un.org/womenwatch/daw/cedaw/text/econvention.htm#article16}\)
is therefore important to note that if the international community continue to focus on one classification of gender-based violence in isolation and as the only life-threatening issue, huge pieces of the puzzle will be missed, as will important opportunities to prevent all forms of GBV by addressing the root causes, rather than the consequences.

Attention vs. action

Since the mass influx of refugees from Syria into its neighbouring countries started nearly four years ago, a huge number of reports, assessments and news articles have been produced about the increase of child marriage in the refugee population.

Responders in Jordan, Lebanon and Turkey have described how this focus on child marriage, in particular by the media, has negatively impacted on the Syrian community. Reports from responders indicate that this has affected the view of the Jordanian community towards the Syrian community and that they feel it may have increased sexual harassment of their girls by other communities living in Jordan. Any further research conducted with the Syrian community should therefore take this into account and understand how this will influence responses with reference to social desirability bias. CARE in no way wishes to contribute to negative perceptions of Syrians in Jordan or in other locations, and it should be noted that the rates of child marriage in many of the host communities in this region are also worrisome.

Despite the heightened fervour from the international community and press surrounding the issue of child marriage in the Syrian context, inside Syria:

- There were 0 projects, out of 67, funded by the pooled funding available for inside Syria 2014 which addressed child marriage.
- There was 1 project, out of 67, funded by the pooled funding available for inside Syria which specifically addressed GBV.
- Only 3 projects, out of 67, funded by pooled funding inside Syria were given a 2b gender mark (where the principle purpose of the project is to advance gender equality). 18

Given that 51% of female and 13% of male participants in an inter-agency assessment in Jordan were married before the age of 18 (most prior to their arrival), 19 there is much more which could be done with existing funding to address this issue inside the Syrian context.

While the IASC Gender Marker was applied to the humanitarian projects offered within Syria, it was not applied to the Refugee and Resilience Sector Response Plans (known as the 3RPs) in refugee-hosting countries. Since the Gender Marker was not applied to projects in countries receiving refugees, a comparison of Gender Marker codes for projects cannot be made. There are, however, documents on the funds raised and the expenditure of those funds which can be found on the Syrian Refugee Response web portal. At this stage though, these documents do not disaggregate the expenditure by sex and age of the recipients.

In Jordan (where efforts on the issue of child marriage are more advanced than the other regional Syrian refugee-hosting countries) there are a number of initiatives in place to address child marriage. These include: (1) a dedicated Forced and Early Marriage Task Force; (2) a component of the inter-agency child protection and sexual and gender-based violence (SGBV) awareness-raising campaign Amani (which means ‘my safety’ in Arabic); and (3) UNHCR and other agencies working in collaboration with a supportive government to improve protective mechanisms in the personal status law – which contains legislation regarding the minimum age of marriage. In addition, risk to child marriage is seen as a vulnerability for multiple agencies in Jordan, who include this in their vulnerability criteria for access to services.

In Turkey and Lebanon efforts are being made to work on this issue as well. In February 2013, when around 200,000 Syrian refugees had already arrived in Lebanon, 20 a Child Protection Rapid Assessment revealed that child marriage was an issue. Positive prevention and response practices have taken place since then through collaborations between the SGBV Task Force and the Child Protection Working Group. In terms of prevention, community change agents, health care providers and religious leaders are using community mobilisation techniques to raise awareness. Further primary and secondary prevention programming is taking place through economic empowerment. The SGBV Task Force is also engaging on legal advocacy related to the legal age of marriage. In Turkey, the recent 16 days of activism against GBV campaign on child marriage, and

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research conducted through focus groups during that time, signals a positive kick start to coordination-level-led work.

There are some truly innovative and commendable initiatives taking place in the refugee-hosting communities surrounding Syria, by multiple agencies, and in particular the high level of collaboration between child protection and GBV actors is a trend which should be replicated in other emergency contexts. But despite the great effort to address child marriage in the region, the sheer size of the issue requires a larger scale response to it. Certainly, in future emergencies, where we know that child marriage is already an accepted practice, there is a need to use the learning from this region, take positive examples of programming to scale and implement these right from the very beginning of the emergency. Funding needs to be made available to direct implementers.

Looking back at the first four years of this crisis, CARE’s response to the issue of child marriage in the region has taken shape more slowly than it could have – but the promising practice of the Information Volunteers programme should be used when the next emergency hits in another context, and we can begin in earnest to work using this methodology in the long-term refugee communities surrounding Syria.

In addition, despite the best efforts of agencies working on the prevention of and response to child marriage, the multiple complex factors that contribute to the use of child marriage as a negative economic coping strategy must be considered by more than merely GBV and child protection actors. Preliminary findings from CARE’s urban refugee assessment in Jordan found that the economic stressors on households are many families’ main worry – with concern as to how to pay rent and provide food for the family the first and second main concerns raised. WFP food vouchers have recently been cut to 13 Jordanian Dinar (US$18/GBP£12) per person per month, down from 24 Jordanian Dinar. If child marriage was a problem before this cut, it is only set to increase with the further strain the cuts will place on families.

**Child marriage globally: why does it happen in stable communities?**

**TRADITION**

Child marriage is a traditional practice in a huge number of countries around the world. It has been practised in some countries and cultures for thousands of years. In a number of countries, once a girl has started to physically mature and menstruate, she is seen as a woman and reproductively able to bear children. However, there are often catastrophic impacts to this.

**GENDER NORMS**

Child marriage is a form of gender-based violence, which is a result of three things: (1) gender inequality; (2) abuse of power; (3) lack of respect for human rights. Child marriage is a result of these three things, as well as contributing to the continuation of GBV.

**POVERTY**

In some cultures, the groom’s family must pay a bride price in order to marry her. As financial gain is attached to marriage, when families are living in poverty there is a huge incentive to marry their daughters as a means of income generation. It also means that there is one less person to feed, clothe and provide other essentials to. In contexts where the bride’s family must pay a dowry price in order to marry her, the dowry usually increases with the girl’s age. Parents are therefore motivated to marry a girl early to keep dowry low and so they don’t have to support her.

**LACK OF LAW ENFORCEMENT**

Although in most countries there are laws prohibiting child marriage and protecting girls and boys from child marriage, like many forms of GBV, these are rarely enforced. In CARE’s experience, in some countries, police may even help the family and community to force girls into marriage and ignore the formal justice system entirely.

**CONCERN FOR A GIRL’S SAFETY AND CONTROL OF A GIRL’S SEXUALITY**

Parents worry that as a girl hits puberty, she will be subject to harassment and violence, so they marry her to protect her. Many people believe that having a daughter marry while she is a virgin is paramount to family ‘honour’, and so they marry her young to ensure her virginity at marriage.

**DEMAND**

Parents-in-law often want their son’s wife to be younger so that she will be easier to control and stay home to take care of the household. They also want a young bride as they believe that this will ensure more children are produced.

**What steps forward have been taken recently?**

We recognise and welcome global progress made, with the Girl Summit 2014 and subsequent commitments by a large number of civil society organisations, activists and governments, and the UN resolution on child marriage adopted during the 69th General Assembly in November 2014. This resolution urges all states to enact, enforce and uphold laws and policies aimed at preventing and ending

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21. See [www.girlsummit2014.org/Commitment/Show](http://www.girlsummit2014.org/Commitment/Show)
child marriage and protecting those at risk. It also calls on states to ensure that marriage is entered into only with the informed, free and full consent of the intending spouses.

These two initiatives are great steps forward. However, both are squarely focused on the issue of child marriage in stable contexts, where changes can be made gradually, rather than in humanitarian contexts, where the over-emphasis on sexual violence has meant that child marriage and other forms of GBV have been left behind.

Why do child marriages increase during emergencies?

Child marriages increase during emergencies for two main reasons:

- **Increased poverty** – leading not just to an increase in child marriage, but also to girls getting married at a younger age, as families struggle to survive.

- **Perceived threats to the ‘honour’ of the girl child** – child marriage can be seen by communities as a means to protect girls during conflict, and is therefore a reaction to increased levels of (or perceived increases in) sexual violence.

It is our role as international actors to ensure that our programming addresses both issues and in particular promotes contextualised alternatives to the perception of threats to the ‘honour’ of the girl child. Ensuring that the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings are adhered to within all programming is key to mitigating sexual violence in particular. With the launch of the new GBV guidelines due later this year (2015), CARE hopes that actors from all sectors refocus their responsibilities towards GBV mainstreaming in humanitarian contexts.

What are the health repercussions of child marriage?

**HEALTH RISKS OF CHILDREN BEARING CHILDREN**

Girls face enormous pressure to prove their fertility soon after marrying, whether or not they are physically or emotionally ready. The phenomenon of children bearing children leads to several negative and even fatal health effects for both the girl and the baby. It is notable that the countries with the highest maternal and child mortality rates are those same countries where child marriage is prevalent. A 2013 study claims that a 10% reduction in child marriage could be associated with a 70% reduction in a country’s maternal mortality rate. The Adolescent sexual and reproductive health toolkit for humanitarian settings produced by Save the Children and UNFPA in 2009 outlines the risks:

- Adolescents, particularly girls under 16, have immature pelvises which may be too small to allow a baby to pass through the birth canal. This can result in obstructed labour, a medical emergency requiring an emergency caesarean section. Delay in accessing emergency obstetric care for obstructed labour can lead to obstetric fistula or to uterine rupture, haemorrhage and death of both the mother and the baby.

- Adolescent mothers are also more likely to have spontaneous abortion, premature births and stillbirths than older mothers. The infants of adolescent mothers are 50% more likely to die during birth.

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22. UC San Diego, Higher child marriage rates associated with higher maternal and infant mortality, web page, 13 May 2013, http://ucsdnews.ucsd.edu/pressrelease/higher_child_marriage_rates_associated_with_higher_maternal_and_infant_mort
their first year of life than those born to mothers in their twenties.”

“We all know girls and babies who have died during childbirth, but when I speak to the community they say ‘she can have a caesarean!’ There is an over-reliance on C-sections and we don’t have enough access to hospitals here to help. If we are not careful, there will be an increase in our girls dying. Some women say ‘I married early and nothing happened! Why scare us!’ but they don’t think about the health issues they are facing now as a result of having so many babies, so many C-sections. They don’t think about the girls and babies we have lost because of this – it is too difficult for them to think about.”

– CARE Information Volunteer in Turkey

Child marriage as a ‘gateway’ to other forms of GBV

CHILD MARRIAGE AND DENIAL OF EDUCATION
When girls are married, they are less likely to finish school. This has negative effects not only on the girl as an individual, but on her family, the community and on society as a whole.

CHILD MARRIAGE TO THE PERPETRATOR OF RAPE OR SEXUAL ASSAULT
In a number of contexts around the world, through custom or through law, unmarried women and girl survivors are forced to marry the perpetrator who has raped them or sexually assaulted them (including in Syria) – thus ensuring that the survivor cannot recover from the incident and is trapped in a socially accepted form of long-term, multi-faceted abuse.

CHILD MARRIAGE AND INTIMATE PARTNER VIOLENCE
A huge number of studies show that the earlier a girl marries, the more vulnerable she is throughout her life to rape and to physical assault by an intimate partner. Women who are married to older partners as children are at significantly higher risk because of their age and lack of independent resources. Girls are also more likely to be socially isolated and therefore less likely to be able to seek assistance over domestic violence.

In the Pan-American Health Organisation’s 2012 study of violence against women in Latin America and the Caribbean, it was found that the prevalence of physical assault, rape and sexual assault by an intimate partner in the past 12 months was highest among the youngest women (aged 15-19).

CHILD MARRIAGE AND DENIAL OF REPRODUCTIVE HEALTH RIGHTS
Increased gender and power inequality in marriages involving the girl child decreases her ability to voice concern. It also decreases her ability to make decisions about use of contraceptives and how often to have sex. Consequently, girls are unable to plan for gaps between pregnancies, with considerable adverse effects on their own health and the survival and health chances of their children.

Applying what we know in Syria and in new emergency contexts
CARE, other implementing agencies and donors should take note of and act on what the Syrian community says.

As one of our Information Volunteers stated:

“There is a family in this village who have a 14-year-old daughter. They came to our sessions in the community and we spoke with them one-on-one about the impact of child marriage. A Turkish man asked the family to marry her, but because of the things they learnt from us, they refused the man – to protect their daughter. If we continue to deliver this work in the community, there will be change – just slowly.”

It is happening, but it can be prevented.


“We need to continue to work on this issue. If we remain as refugees for longer, there will be more and more children married – sometimes this is the only way to cope.”

“We left Kobane to protect our girls; we are not protecting them by marrying them.”

But without our support – sooner rather than later, they may be forced to marry their child.

**WHAT THE COMMUNITY SAYS**

When we asked our Information Volunteers what the community say when they first start to discuss child marriage with them, they said:

“There is a danger of abuse and sexual assault if the girl is not married.”

“It isn’t easy to be in a new country alone as a girl.”

“Girls need a man in a new community. Families cannot do everything for this girl. It is something they should do to ease the suffering of the family.”

“It’s like something which moves from generation to generation.”

“Some people take the idea, but some say ‘if our daughter becomes 22 years old, no one will take her’.”

“They do this early marriage to protect girls from young men – to protect their honour.”

“To be married early is the destiny of girls.”

“There is a law ... but no-one cares about it.”

Our Information Volunteers aren’t able to change overnight the root causes of child marriage or attitudes, but as trusted members of the community, they are able to promote awareness about the health and social impacts of child marriage, in order to help community members understand the repercussions involved in marrying their girls early.
CARE’s global capacity in GBV prevention, changing social norms and addressing child marriage

Last year (2014), CARE reached more than 568,000 women, men, boys and girls through gender-based violence prevention and response programming in communities vulnerable to or affected by conflict and disasters. In addition, in 2014, we supported nearly 800,000 people in communities vulnerable to or affected by conflict and disasters, providing psychological first aid, psychosocial support, and mitigating protection concerns through a gender lens.

As of 2013, CARE worked in 23 countries with specific goals to reduce gender-based violence (GBV), and worked in a further 38 countries with integrated strategies to address GBV. This list is growing, as our globally recognised work in stable contexts is translated into emergency action in contexts such as Turkey. However, we recognise that CARE also needs to do more to tackle the dangerous increases in child marriage during emergencies from the very start.