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Child Marriage in Humanitarian Settings: Synthesis Report on Findings from Ethiopia, Lebanon, and Myanmar

May 2022



The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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**In memory of Jennifer Schlecht,
a champion for the rights of women and girls around the world.**



Contents

Executive Summary	1
Key Findings.....	2
Key Recommendations.....	2
Introduction	4
Interventions Under Study	5
Methods	5
Study Design.....	5
Selection of Participants	6
Validated Measures of Child Marriage.....	7
Evaluation Methodology.....	7
Findings	8
Ethiopia	8
Lebanon	13
Myanmar	17
Key Findings	19
Prevalence of Child Marriage.....	19
Education	19
Economic Instability.....	20
Marriage Attitudes, Traditions, and Gender Norms	20
Sexual and Reproductive Health	21
Violence.....	21
Implications for Practice.....	22
Additional Resources.....	25
Abbreviations.....	26



Executive Summary

Child marriage affects one in five adolescent girls globally and presents a significant public health concern for girls and their communities in many contexts. Research shows that the negative effects of child marriage range from tolls on the physical and mental health of girls to a reduction in economic opportunities and outcomes for her future children.¹ Adolescents impacted by conflict and other humanitarian emergencies are some of the most vulnerable to this harmful practice, but the extent to which these contexts affect rates and drivers of underage marriage is not known.

In 2016, the Women's Refugee Commission (WRC), in partnership with Johns Hopkins University Center for Humanitarian Health, International Medical Corps (IMC), International Rescue Committee (IRC), Kachin Development Group (KDG), and the Arab Institute for Women at the Lebanese American University, launched a multi-country study to assess the prevalence of child marriage, investigate factors related to the practice, and garner feedback on programs aimed at reducing it in humanitarian contexts. Findings from household surveys in Ethiopia (2019), Lebanon (2018), and Myanmar (2018) and qualitative information on life skills programs in Ethiopia and Lebanon will enhance understanding of the relationship between child marriage and humanitarian contexts, and will inform future child marriage prevention programming. The study was conducted in refugee camps in Ethiopia and internally displaced persons camps in Myanmar, and in refugee communities in urban settings in Lebanon.

This report shares and synthesizes findings from work across three distinct humanitarian emergency contexts regarding the prevalence and risk factors for child marriage, while simultaneously informing practitioners of important lessons from fielding programs in such challenging environments.

1 E.M. Yako, "A Comparative Study of Adolescents' Perceived Stress and Health Outcomes among Adolescent Mothers and Their Infants in Lesotho" (2007): 30(1), 11. <https://doi.org/10.4102/curationis.v30i1.1035>; A. Raj et al., "Association between Adolescent Marriage and Marital Violence among Young Adult Women in India," *International Journal of Gynecology & Obstetrics* 110(1), 35-39 (2010). <https://doi.org/https://doi.org/10.1016/j.ijgo.2010.01.022>; A. Raj et al., "The Effect of Maternal Child Marriage on Morbidity and Mortality of Children under 5 in India: Cross Sectional Study of a Nationally Representative Sample," *BMJ*, 340, b4258 (2010). <https://doi.org/10.1136/bmj.b4258>; A.J. Gage, "Association of Child Marriage with Suicidal Thoughts and Attempts among Adolescent Girls in Ethiopia," *Journal of Adolescent Health*, 52(5), 654-656 (2013). <https://doi.org/10.1016/j.jadohealth.2012.12.007>; R. Kidman, "Child Marriage and Intimate Partner Violence: A Comparative Study of 34 Countries," *Int J Epidemiol*, 46(2), 662-675 (2017). <https://doi.org/10.1093/ije/dyw225>; M. Nasrullah et al., "Girl Child Marriage and Its Effect on Fertility in Pakistan: Findings from Pakistan Demographic and Health Survey, 2006-2007," *Maternal and child health journal*, 18(3), 534-543. (2014). <https://doi.org/10.1007/s10995-013-1269-y>; M. Nasrullah et al., "Circumstances Leading to Intimate Partner Violence against Women Married as Children: A Qualitative Study in Urban Slums of Lahore, Pakistan," *BMC International Health and Human Rights*, 15(1), 23 (2015). <https://doi.org/10.1186/s12914-015-0060-0>; Y. Wondie et al., "Early Marriage, Rape, Child Prostitution, and Related Factors Determining the Psychosocial Effects Severity of Child Sexual Abuse in Ethiopia," *Journal of Child Sexual Abuse*, 20(3), 305-321 (2011). <https://doi.org/10.1080/10538712.2011.573458>; Q. Wodon et al., *Economic Impacts of Child Marriage: Global Synthesis Report* (English). (World Bank, 2017). <http://documents.worldbank.org/curated/en/530891498511398503/Economic-impacts-of-child-marriage-global-synthesis-repor>; E.Y. Tenkorang, "Explaining the Links between Child Marriage and Intimate Partner Violence: Evidence from Ghana," (1873-7757 (Electronic)); D. Koniak-Griffin and C. Turner-Pluta, "Health Risks and Psychosocial Outcomes of Early Childbearing: A Review of the Literature," *The Journal of Perinatal & Neonatal Nursing*, 15(2), 1-17 (2001); U. Sezgin and R.L. Punamäki, "Impacts of Early Marriage and Adolescent Pregnancy on Mental and Somatic Health: The Role of Partner Violence," *Archives of Women's Mental Health*, 23 (2020). <https://doi.org/10.1007/s00737-019-00960-w>.

Key Findings

- Prevalence of child marriage was higher in Lebanon, where 32.6 percent of girls aged 15-19 were married by age 17. In Ethiopia, 11.15 percent of girls under 18 were married—however, many of these girls had not yet reached the age of 18 and so remained at risk. Due to limited sample size, results on prevalence from Myanmar were not conclusive and are therefore not included.
- Education, both of girls and their parents, is an important protective factor against child marriage. In Ethiopia, the survey demonstrated that if girls had ever attended school, it reduced their risk by 75 percent; in Lebanon, girls currently in school were significantly less likely to be married and those whose fathers were educated were 40 percent less likely to be married underage.
- Economic instability is a significant driver of child marriage across contexts. Girls in both Ethiopia and Lebanon whose households were in more vulnerable economic situations (such as an unemployed head of household, a female head of household, or deceased parents) were more likely to experience underage marriage.
- Attitudes, traditions, and gender norms among communities and families play a key role in determining whether a girl is married underage. In Ethiopia, 98 percent of adult survey respondents cited religion as the main reason for child marriage, and girls in households with women who reported a younger “ideal” age for marriage were more likely to be married.
- Perspectives on marriage held by girls themselves are also related to child marriage practices. In Myanmar, married girls were more likely than unmarried girls to agree that marriage was important for maintaining family honor and reputation. In Lebanon, girls who scored medium or high on a harmful attitudes assessment scale were two and four times more likely to be married, respectively.
- Sexual and reproductive health knowledge, including knowing how to get pregnant and keep a healthy pregnancy, varied across contexts, marital status, and age, but many girls (particularly in Ethiopia) reported never having used a health facility. Access to information also varied, with unmarried girls in Myanmar more likely to have received information about how to become pregnant than girls who were married.

Key Recommendations

Programs should focus communication around educating and improving the health of adolescent girls. In addition to the quantitative evidence linking education and the prevention of child marriage, parents and other community stakeholders are often more supportive of efforts to enhance education and health knowledge than direct confrontations of traditional practices.

Multi-sectoral approaches should remain adaptive to adolescent girls’ needs and priorities. Efforts by the Life Skills program in Lebanon demonstrate the importance of flexibility when working with girls who have different levels of availability. Staff there put significant effort into adjusting program session length, location, and scheduling, while also including specific supports for girls with children to ensure they can fully participate. These efforts were well regarded by program participants.

Multi-level approaches are critical in transforming systemic gender discrimination. Beyond the



girls themselves, programs aimed at reducing child marriage must consider the broader systemic factors that contribute to the practice and work to include advocacy and outreach to families, communities, and stakeholders. In doing so, programs can make an impact while increasing the chances they reach the girls most in need.

Meaningful engagement with communities means including men and boys in programming. Men and boys play critical roles as decision-makers in families and communities and can be important allies in elevating the voices and value of women and girls. In Lebanon, the Life Skills program hired a male community mobilizer who specifically targeted fathers and husbands in the community to sensitize the work that the program was doing and garner support for enrollment and participation.

Livelihood approaches should integrate gender-transformative approaches to reduce risk of child marriage. The relationship between poverty and child marriage presents a significant opportunity through the inclusion of livelihoods and gender-norms-change components—a recommendation that was strongly encouraged by adolescent girls themselves in Ethiopia. Building on the positive feedback from the introduction to concepts like budgeting and saving, respondents there advocated for the inclusion of more concrete livelihood skills, economic assets, and resources as a way to prevent unwanted marriages and for divorced adolescent girls to recover from unwanted marriages and attain financial security for themselves and their own children.

More implementation research is needed to reduce risk of indirect harm to girls and further examine what approaches work to prevent marriage. As impactful as programs targeting child marriage can be, there remains the possibility for unintended harm to girls as a result of participation. More work must be done to identify the risk pathways more clearly, but programs should remain vigilant for these kinds of consequences in planning for outcomes like an increased chance of intimate partner violence (IPV) and domestic child abuse by parents or the risks created by travel to and from program sessions.

Introduction

Child marriage—defined as any marriage or informal union involving a child under 18 years of age—affects one in five girls globally. Upward of 110 million girls are at risk of marrying before their 18th birthday over the next decade.² While the Sustainable Development Goals aim to eliminate the practice by 2030, no region is set to meet this goal.³

Child marriage presents a significant public health concern for adolescent girls, their families, and their communities. It negatively impacts sexual and reproductive health (SRH) outcomes, contributes to increased risk of experiencing violence, and reduces the economic outlook for girls and their future children.⁴ Several studies have shown that child brides are at high risk of experiencing depression, stress, and suicidal ideation.⁵

It is unknown the extent to which fragility and conflict may significantly impact rates of child marriage. Research to date has found that among many populations affected by conflict, rates increase following displacement.⁶ Although survey data acquired through the Multiple Indicator Cluster Surveys (MICS) or Demographic and Health Surveys (DHS) exist on rates of child marriage in fragile states, they do not fully reflect the rates during, or resulting from, conflict.⁷ Thus, the scale of the practice is widely unknown.

Furthermore, the extent to which conflict and displacement interact with known drivers or create new ones requires further study to understand what can feasibly be done to prevent or mitigate the effects of child marriage. Factors like economic instability and poverty, which are profoundly affected by humanitarian emergencies, are known to impact decisions around child marriage. Parents of daughters may see underage marriage as a way to reduce the number of dependents in their household and to obtain a degree of financial security for their daughters while achieving some economic gains through a dowry. Education, which studies have shown is often seen as being incompatible with child marriage, may also be disrupted by displacement or the necessity of choosing which children to send to school and lead to increased risk for adolescent girls.⁸

- 2 UNICEF, *Child Marriage Data: Percentage of women aged 20 to 24 years who were first married or in union before age 15; percentage of women and percentage of men aged 20 to 24 years who were first married or in union before age 18* (2021, August).
- 3 J. Freccero and Whiting, "Toward an End to Child Marriage: Lessons from Research and Practice in Development and Humanitarian Sectors." (2018). https://www.law.berkeley.edu/wp-content/uploads/2018/08/Toward-an-End-to-Child-Marriage_Report_FINAL.pdf.
- 4 A. Raj et al., "Association between Adolescent Marriage and Marital Violence among Young Adult Women in India"; Nasrullah et al., "Girl Child Marriage and Its Effect on Fertility in Pakistan: Findings from Pakistan Demographic and Health Survey, 2006–2007"; Koniak-Griffin and Turner-Pluta, "Health Risks and Psychosocial Outcomes of Early Childbearing: A Review of the Literature"; Kidman, "Child Marriage and Intimate Partner Violence: A Comparative Study of 34 Countries"; Nasrullah et al., "Circumstances Leading to Intimate Partner Violence against Women Married as Children: A Qualitative Study in Urban Slums of Lahore, Pakistan"; Tenkorang, "Explaining the Links between Child Marriage and Intimate Partner Violence: Evidence from Ghana"; Raj et al., "The Effect of Maternal Child Marriage on Morbidity and Mortality of Children under 5 in India: Cross Sectional Study of a Nationally Representative Sample."
- 5 U. Sezgin and Punamäki, "Impacts of Early Marriage and Adolescent Pregnancy on Mental and Somatic Health: The Role of Partner Violence"; Wondie et al., "Early Marriage, Rape, Child Prostitution, and Related Factors Determining the Psychosocial Effects Severity of Child Sexual Abuse in Ethiopia"; Yako, "A Comparative Study of Adolescents' Perceived Stress and Health Outcomes among Adolescent Mothers and Their Infants in Lesotho"; Gage, "Association of Child Marriage with Suicidal Thoughts and Attempts among Adolescent Girls in Ethiopia."
- 6 UNICEF, "A Study on Early Marriage in Jordan."
- 7 UNICEF. *Multiple Indicator Cluster Surveys (MICS)*. <https://mics.unicef.org/>; DHS Program. Demographic and Health Surveys.
- 8 A. Bajracharya and Amin, "Poverty, Marriage Timing, and Transitions to Adulthood in Nepal"; B.S. Mensch, S. Singh, and J.B. Casterline, "Trends in the Timing of First Marriage among Men and Women in the Developing World"; S. Schuler et al., "The Timing of Marriage and Childbearing among Rural Families in Bangladesh: Choosing between Competing Risks"; United Nations Educational, "Teaching and Learning: Achieving Quality for All." United Nations Educational Scientific and Cultural Organization (UNESCO), Teaching and Learning: Achieving quality for all (EFA Global Monitoring Report, Issue (2014). <https://en.unesco.org/gem-report/report/2014/teaching-and-learning-achieving-quality-all>).



To ensure practitioners have access to critical data, a multi-country study to assess the prevalence of child marriage was launched by the Women's Refugee Commission (WRC), in partnership with Johns Hopkins University Center for Humanitarian Health, International Medical Corps (IMC), International Rescue Committee (IRC), Kachin Development Group, and the Arab Institute for Women at the Lebanese American University. Through the collection and analysis of data on two programs and child marriage prevalence and drivers in three diverse emergency contexts, this research provides some of the first systematic evidence documenting the scale of the practice and risk factors for girls to enable practitioners to prioritize evidence-based approaches to support girls at risk and already married.

Interventions Under Study

While each of the three emergency contexts was assessed for the prevalence and factors contributing to child marriage, qualitative evaluations were also conducted in Ethiopia and Lebanon to gather feedback on a specific program aimed at adolescent girls. The Life Skills program was developed by IMC Ethiopia in 2015 based on existing life skills trainings, including from IRC, Inter-agency Standing committee (IASC) guidelines, and UNHCR manuals. The program aimed to delay underage marriage for adolescent girls, support adolescent girls who were already married, and improve their prospects for the future using modules on sexual and reproductive health (SRH), family planning, puberty, gender-based violence (GBV), financial education, social networks, and activities aimed at raising their self-confidence. The program in Ethiopia also included targeted sessions with female caregivers of adolescent girls and with male and female community leaders.

The Life Skills program in Lebanon was implemented by IRC and was used to mitigate and respond to the risks of early marriage by engaging married or engaged adolescent girls with life skills and essential information through a tailored outreach strategy, a structured series of life skills sessions, and a rapid response program. The outreach strategy was used to identify and reach married and engaged adolescent girls by specifically addressing the barriers they face while trying to benefit from available services. The Life Skills Package for Early Marriage aims to empower Syrian and Lebanese married and engaged adolescent girls through vital information and skills for their physical and psychosocial wellbeing and to increase their resilience to GBV. For those unable to attend, a rapid response program used a modified and shortened version of the Life Skills Package for individual sessions.

Methods

Study Design

The research methodologies adopted in this study were chosen to address weaknesses identified by the review of existing evidence. The quantitative data from Ethiopia, Lebanon, and Myanmar were collected through one-time surveys performed with adult women and adolescent girls in a population-based, cross-sectional study design. Study participation began with recruitment of households from 40 clusters within each location. Each study grouped households in their location into clusters based on the size and distribution of the community population, then randomly selected which clusters and homes would be visited. By using random selection, the researchers minimized the risk of inaccurate or biased results that would occur from interviewing specific areas or groups more than others.

The specific approach for selecting areas differed across country contexts. The Ethiopia and Myanmar studies, which were conducted in refugee camps, using multi-stage randomized cluster

sampling. Using this strategy, the research team chose a random start location and proceeded to the nearest household. The team continued to the next nearest household until the cluster sample size was reached.

Due to the challenges of using a truly random starting point for a population dispersed in an urban environment, the Lebanon study used snowball sampling to collect quantitative data. For this approach, a randomly selected female from one of several local charity foundations was asked to lead a female interviewer to her community. The interviewers then visited households and asked whether they agreed to participate in the survey. Upon completion of a household survey, participants were asked for a referral or introduction to the nearest Syrian household. To limit bias in participant selection, no more than three households within the same apartment building were included.

Selection of Participants

Enumerators visited each selected household and used a screening form to determine whether it was eligible to participate in the survey. In Ethiopia and Lebanon, a household was eligible if there was one female adult or female head of household who had been living there for at least one month in the last year (the “Female Adult”) and one adolescent female aged 10–19 (the “Adolescent Girl”). The Myanmar study did not require an adolescent female to be in the household.

Female Adult Survey

If the household was deemed eligible, enumerators first requested consent from the selected Female Adult respondent. If this respondent agreed to participate, they were asked to complete a household roster collecting basic demographic information on each individual living in the home at the time of the interview. This included age, sex, and marital status in all contexts; in Ethiopia, the roster also included information on age of marriage, time in current residence, and other characteristics of each member. In both Ethiopia and Lebanon, the surveyor then asked questions aimed at gathering more information about the Female Adult specifically. This included asking about their own age, gender, age at marriage, education, and perceptions of marriage among other topics—in Lebanon, questions included risk factors for child marriage and exposures to interventions aimed at preventing child marriage.

Adolescent Survey

After completion of the Female Adult Survey described above, the enumerator moved to interviewing the Adolescent Girl aged 10–19 if present. The enumerator first obtained informed verbal consent (or verbal assent in addition to parental consent for unmarried girls under age 18) from the adolescent girl before enrolling her in the study. In Ethiopia and Lebanon, if more than one adolescent aged 10–19 was present in the household at the time of the survey, a maximum of two adolescents (one married and one unmarried) could be interviewed. If both adolescents were either married or unmarried, the research assistant randomly selected one adolescent. Surveys in these two contexts included questions about marital status, education, perceptions of child marriage, exposure to interventions aimed at preventing child marriage, and other topics. In Myanmar, households were included in the study even if an adolescent girl was not in the household. If one was available, only one adolescent girl per household responded to a survey, with questions asking about attitudes and experiences with child marriage, her knowledge of SRH, including maternal health risks, and her exposure to gender-based interventions. If there was more than one girl who fit the criteria in a given household, one was randomly selected.



Validated Measures of Child Marriage

Survey data were collected in order to be compared to national household surveys (both MICS and DHS). This comparison was made to understand child marriage occurring during and resulting from conflict. The surveys administered to participants are robust and well-established measures in the research field. All measures were translated into local languages and pilot tested prior to being deployed more broadly.

The analysis considered various factors including but not limited to sex, age, marital status, and place of residence. Measures in the Lebanon survey included an index measuring harmful attitudes toward marriage, built as seven statements to assess the views that adolescent girls had toward marriage and gender roles in marriage (such as “Girls should not attend school once they are married.”).

Evaluation Methodology

The qualitative data collection described in this report, occurring in Ethiopia and Lebanon, was gathered through three separate but related approaches. In-depth interviews (IDIs) involved an interviewer sitting privately with one individual and using a semi-structured guide to facilitate a discussion on the topics of interest. Guides contained a series of specific questions and topics, with interviewers adding follow-up probing questions and encouraging respondents to elaborate and describe as they felt would be most appropriate. Focus group discussions (FGDs) followed a similar approach of using semi-structured guides to facilitate discussion with larger groups. Respondents in each group were usually defined by a particular characteristic (such as female caregivers of adolescent girls in the Life Skills program).

Finally, research teams used the Stories of Change (SoC) methodology to gather the experiences and insight of adolescents in a way that encouraged openness while maximizing comfort and privacy.⁹ The SoC approach was composed of a series of activities done in a group: facilitators first asked adolescents to draw, write, or narrate a personal story of change. They were then invited to voluntarily share their story of change with the broader group, at which point the researcher conducted a group discussion following a semi-structured interview guide (like the FGD approach described above). Finally, adolescents were asked to write down their own individual thoughts (for example, recommendations for how to improve the Life Skills program).

Interviews, focus groups, and the Stories of Change were conducted in the language of the communities and transcribed from audio recordings before being translated into English. Material that could identify any individuals was removed. The research teams then analyzed the information collected. In Ethiopia thematic analysis was used to assess aspects and inter-connectedness of discussion topics that respondents bring up frequently or in depth), while the work in Lebanon used inductive content analysis to look for similar or repeated codes of certain topics in the qualitative data.

⁹ Stories of Change is an evaluation tool developed by WRC based on the Most Significant Change (MSC) Technique to document what changes matter most to children and youth. R. J. Davies & J. Dart, The ‘Most Significant Change’ (MSC) Technique: A Guide to its Use, 2004.

Findings

Ethiopia

Kobe Refugee Camp (household survey and Life Skills evaluation)

RESEARCH	SURVEY FINDINGS	EVALUATION FINDINGS
<p>SETTING Somali refugee camp</p> <p>EMERGENCY Drought and conflict in Somalia</p> <p>STUDY PERIOD April–June 2019</p> <p>CONTRIBUTING PARTNERS International Medical Corps, Johns Hopkins University, Women’s Refugee Commission</p> <p>METHODS USED Female adult survey, household roster, adolescent survey, focus group discussions, in-depth interviews, Stories of Change</p>	<ul style="list-style-type: none"> • More than 25% of Somali refugee girls ages 18–19 in Ethiopia reported being married before age 18, and 11% of girls ages 15–19 were married under age 18. • Education of girls and a household having multiple girls under age 18 have a protective effect against child marriage. • Girls in households with an unemployed or female head are more likely to be married underage. 	<ul style="list-style-type: none"> • Structured interventions are having an impact on girls, their family members, and the community. • Main drivers of child marriage include cultural and religious norms and economic uncertainty.

Separate studies on the prevalence of child marriage and the impact of the Life Skills program were performed simultaneously in the Kobe refugee camp in Ethiopia. Decades-long conflict and frequent drought have had a devastating impact in Somalia, with more than 1.5 million refugees fleeing to neighboring Ethiopia and Kenya.¹⁰ The Dolo Odo refugee complex in Ethiopia hosts Somali refugees in five different camps, together encompassing 174, 468 people—one of the largest such complexes in the world.¹¹ As of 2020, one of these camps, Kobe, hosted 31,088 refugees, more than half of whom were female and 68 percent of whom were under 17 years old.¹² The security situation in Kobe is relatively stable, but subject to frequent influxes of new refugees and a continuous flow of individuals back and forth into Somalia as drought and conflict fluctuate. The practice of child marriage is pervasive in the refugees’ native Somalia, with 18 percent of 15–19-year-old girls currently married and 36 percent of women aged 20–24 reporting being married under 18 according to DHS 2020 data.¹³

10 L. Ortiz-Echevarria et al., “Understanding the Unique Experiences, Perspectives and Sexual and Reproductive Health Needs of Very Young Adolescents: Somali Refugees in Ethiopia,” *Conflict and Health*, 11(1), 26 (2017) <https://doi.org/10.1186/s13031-017-0129-6>; L. Hammond, *Somali Refugee Displacements in the near Region: Analysis and Recommendations* (United Nations High Commissioner for Refugees Global Initiative on Somali Refugees, 2014).

11 UNHCR, *Somali refugee population still rising in Ethiopia, new camp planned* (2021), retrieved 2021 Nov 22 from <https://www.unhcr.org/news/briefing/2012/10/508142086/somali-refugee-population-still-rising-ethiopia-new-camp-planned.html>; C. Navarro-Colorado et al., “Measles Outbreak Response among Adolescent and Adult Somali Refugees Displaced by Famine in Kenya and Ethiopia, 2011,” *The Journal of Infectious Diseases*, 210(12), 1863–1870 (2014) <https://doi.org/10.1093/infdis/jiu395>.

12 UNHCR, *Kobe Camp Profile* (2020). <https://data2.unhcr.org/en/documents/details/83721>.

13 United Nations Population Fund & Federal Government of Somalia, *The Somali Health and Demographic Survey 2020*



Household Survey

The prevalence study in the Kobe camp aimed to measure the percentage of Somali refugee girls under age 18 who were married, while also investigating drivers and consequences of this practice. To accomplish this goal, the research team used the survey design described in the Methods section to identify 600 households that contained at least one female adult and at least one adolescent female 10–19 years old. Survey staff were Somali females aged 18–25 recruited from the local refugee population and knowledgeable about the camp community. These enumerators were trained to conduct interviews with the female head of household or some other female adult who had spent at least one month in the last year living in the household. These women were asked to provide a roster of all household members (including those who moved out in the last year). From this roster, the enumerator randomly selected up to two girls between the ages of 10 and 19 (one married female and/or one unmarried female) to interview in more depth about their own experiences and/or attitudes about child marriage. In total, 603 adult women and 650 adolescent girls were interviewed, and household rosters were created with information on 3,319 household members.

The interviews and household rosters indicated that 66.44 percent of adult women and 25.28 percent of those currently aged 18 and 19 reported being married before age 18. Of girls under the age of 18 in the rosters, 11.15 percent were reported as married, although some girls in this cohort were still of an age that they could be at risk for child marriage. Certain factors were strongly associated with risk of marriage under age 18 among girls aged 15–19 even after adjusting for similar characteristics: those coming from female-headed household had more than four times higher risk for child marriage compared to those in male-headed households, while older girls and those for whom the head of household was unemployed had twice the risk of others. At the same time, certain factors were seen to reduce the risk of child marriage, with girls from households containing a higher number of girl children having a lower risk. Perhaps most significantly, having ever attended school reduced the risk of marriage for girls by 66 percent compared to those who had never attended school, even after adjusting for other factors.

When asked about what they perceived to be the ideal timing of marriage for girls, there were statistically significant differences between women in households that had a girl married under age 18 (ideal age of 16.5 years) compared to women in households without a girl married under age 18 (17.07 years). A similar difference was seen when asking these women about the ideal time of marriage for boys (18.41 years vs. 19.19 years).

Among the adolescent girls surveyed who had been married before age 18, most reported knowing how to get pregnant and keep a healthy pregnancy, but less than two-thirds reported knowing the dangers of a girl getting pregnant too early. Nearly two-thirds had ever used a health facility, but both knowledge and use of contraception were low, at 60.98 percent and 10.91 percent, respectively. Respondents had an average of one child, with an average age at first birth of 16.85.

Life Skills Evaluation Methods

While the prevalence study was taking place, a separate evaluation of the IMC Life Skills program was carried out. Approximately one year earlier, from January to December 2018, the program had reached 80 adolescent girls 14 to 19 years old in Kobe camp, along with their 80 female caregivers (mothers) and 80 male caregivers (fathers). Of these, 40 girls had previously participated in an IMC child marriage prevention program and 40 had not. As described in the Introduction section of this

(2020). <https://somalia.unfpa.org/en/publications/somali-health-and-demographic-survey-2020>.

report, the program incorporated topics related to child marriage, SRH, GBV, and positive parenting in separate sessions for girls (led by female mentors recruited from the community) and caregivers. The program also conducted consultations with community leaders every two months, including youth groups, women's associations, religious leaders, and clan leaders.

As described in the Methods section above, the evaluation used a combination of IDIs with IMC staff, FGDs with mothers and community leaders, and the Stories of Change methodology with adolescent girls to assess the impacts, experiences, and potential improvements of the Life Skills program in Kobe camp. In total, eight participatory discussions were held with 64 adolescent girls who had attended the program, 10 FGDs were held with the 80 mothers who had participated, and two FGDs were conducted, one with female and one with male community stakeholders (21 and 19 participants, respectively).

Life Skills Evaluation Results

Research participants tied child marriage to traditions including Somali culture, Islamic Sharia law, customs for male parental decision-making, and practices around dowries and arranged or forced marriages—a finding that was matched by results from the survey where 98 percent of adult respondents cited religion as the main driver. In some cases, adolescent girls reported initiating their own marriages as a positive change for them, which caregivers and community leaders saw as a reason to support the union. At the same time, caregivers and community leader groups also associated child marriage with violence against adolescent girls: this included violence from parents and community members; sexual violence, including rape, from male suitors; and IPV, including physical violence and spousal rape from husbands. These groups vocally supported the delaying of marriage until 18 or older; however, they justified delaying of marriage based on gender-unequal beliefs that a girl will inevitably be a man's wife and a mother, and that females would not physically be ready to give birth and were not developmentally or psychologically mature for the roles expected of married women until they were 18 or older. Respondents also connected child marriage to female genital mutilation (FGM) and specific risks of that practice, including profuse bleeding and infections; mothers described girls unable to leave bed for months during recovery from the procedure. Mothers and community women also discussed the toll of marriage on girls psychologically, with risks of negative mental health outcomes like isolation, fractured relationships, trauma, and suicidal ideation. Both men and women identified household economic security as an important driver for child marriage, linking families' inability to afford the needs of their female children to the decision to marry them off.

The Life Skills program, along with other NGO and GBV programs that community members were exposed to since entering Kobe Camp, were reported by respondents to have had multiple positive impacts. Most prominent was an improvement in education outcomes for adolescent girls: community members reported increased community support for education of girls, while the most common theme that emerged in the Stories of Change among adolescent girls was positive change through education and pride at progression through grades. One adolescent girl said, "Harmful traditional practices like denying girls to go to school, while sending only the boys, has stopped," and female community leaders expressly tied education engagement to the Life Skills programming, saying, "The girl who is at home and the one who comes here [to the IMC Women's Center, where Life Skills sessions were held] are not the same....The one who comes here is good in that she goes to school." Some mothers reported increased engagement of daughters in schooling, with more time spent studying, while others indicated that household chores were being redistributed from girls to boys in order to increase time for the girls to attend school and study.



Further, respondents reported that girls were more able to self-advocate in favor of education and against child marriage. One male community member stated: “They are studying now. I have seen children who are 18 years old who said, ‘I am 18 years old. I can marry, but until I finish university, I am not ready to marry.’” Mothers explicitly linked education to girls’ empowerment and economic agency, while the adolescents themselves reported having increased their personal resources through skillsets like weaving and tailoring. The changes in confidence and efficacy of girls’ self-advocacy around child marriage extended to an ability to mitigate the risk of GBV through an increase in social networks and knowledge of GBV reporting channels in the camp. The Life Skills program also led to a reported reduction among caregivers in sending girls to locations where they would be at a higher risk for GBV, like gathering firewood. Respondents also reported increased knowledge of SRH, including menstrual hygiene and contraception, as well as a reduction in more severe forms of FGM carried out on adolescent girls.

At the community level, respondents indicated that Life Skills and other programs, in combination with the state of displacement in Ethiopia and increased awareness of potential legal penalties of child marriage, had led to families who married their children below age 18 now being seen negatively. One mother of a married adolescent explained, “The community will shame them [families] when they allow her [a girl] to get married at 13 and 14, saying ‘her parents didn’t cover her needs. They sold her at young age.’” Another mother reported that, following efforts to raise awareness against child marriage, some fathers turned away male “suitors” who wanted their adolescent daughters. However, those interviewed also indicated that since moving to Kobe camp, community attitudes toward child marriage had turned negative to the point that community members would publicly shame adolescent girls who were married or pregnant, and that pregnant girls were excluded from schools run by the governmental refugee agency. IMC program staff confirmed that reports of child marriage to IMC had decreased and disappeared following the implementation of Life Skills and other programs in the camp.

Finally, respondents had several suggestions for how to improve the Life Skills program. First, they suggested the program do more to work with men in the community on changing gender norms and behaviors that perpetuated child marriage and other risks to girls. Some girls shared that due to their participation in Life Skills program, they experienced harassment or physical abuse from husbands or parents, and this had led to some girls having dropped out entirely; proactive broader engagement of male community members could address such negative impacts. Further, girls and female community members recommended more and stronger livelihood aspects to the program, such as training on income-generating activities, especially for participants who had left unwanted marriages and those needing to support children. Respondents identified that distance from girls’ and women’s homes to the IMC Women’s Center where the program took place was a barrier and that distributing additional material incentives or income-generating assets, such as food items, clothing items, sewing machines, and computers, could improve enrollment and participation.

Conclusions

The simultaneous assessment of child marriage in the Kobe camp refugee community at large and specific evaluation of the IMC Life Skills program offers an important view into how programs can modify and enhance shifts in knowledge, attitudes, and practices. The results of the household survey showed that this community saw a reduction in the prevalence of child marriage from even a few years earlier, while also indicating what may help reduce it further. At the same time, the information given by Life Skills participants sheds light both on what may have worked and what can be improved when aiming to undertake such a challenge. Certain protective factors from the household survey aligned well with existing Life Skills efforts—the focus on education for

girls is particularly impactful, given how much exposure to schooling reduced the risk that a girl is married underage. The attempts to influence attitudes toward marriage and gender roles not just of adolescent girls but also of their caregivers and the broader community are also supported in this and other studies.¹⁴ At the same time, the survey also provided support to suggestions from program participants for how to improve the Life Skills program. The effect of poverty, recognized in multiple contexts as a risk factor for child marriage, was evident again here through the impact of a girl having an unemployed or female head of household.¹⁵ While respondents mentioned that the community now criticized families experiencing such instability from marrying their daughters at a young age, they also strongly encouraged the inclusion of tools to address the root cause (such as livelihoods training) in future programs. Taken together, the combined quantitative and qualitative assessments demonstrate the potentially shifting realities of child marriage in certain refugee settings and the present impact and future opportunities of programs like Life Skills on the lives of adolescent girls.

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- 14 V. Sharma, V., Amobi, A., Tewolde, S., Deyessa, N., Scott, J., "Displacement-Related Factors Influencing Marital Practices and Associated Intimate Partner Violence Risk Among Somali Refugees in Dollo Ado, Ethiopia: A Qualitative Study." *Conflict and health*, 14, 17-17 (2020). <https://doi.org/10.1186/s13031-020-00267-z>.
- 15 S.A. Adebawale, "Dynamics of Child Marriage and Marital Timing in Nigeria: A Retrogression or Progression?" *Health Care for Women International*, 39(9), 975-993 (2018). <https://doi.org/10.1080/07399332.2018.1490742>; A. Bajracharya and Amin, "Poverty, Marriage Timing, and Transitions to Adulthood in Nepal." *Studies in Family Planning*, 43(2), 79-92 (2012); M.G. Hossain, R.A. Mahumud, and A. Saw, "Prevalence of Child Marriage among Bangladeshi Women and Trend of Change over Time," *Journal of Biosocial Science*, 48(4), 530-538 (2016). <https://doi.org/10.1017/S0021932015000279>.



Lebanon

Tyre, Saida, Nabatieh (household survey), and Bekaa (life skills evaluation)

RESEARCH	SURVEY FINDINGS	EVALUATION FINDINGS
<p>SETTING Syrian refugees in urban host communities in Lebanon</p> <p>EMERGENCY Conflict in Syria</p> <p>STUDY PERIOD May–November 2018</p> <p>CONTRIBUTING PARTNERS International Rescue Committee, Lebanese American University, Johns Hopkins School of Public Health, Women's Refugee Commission</p> <p>METHODS USED Female adult survey, household roster, adolescent survey, focus group discussions, in-depth interviews, Stories of Change</p>	<ul style="list-style-type: none"> Nearly a third of girls ages 15–19 in the sample were married by age 17. Education of girls and parents has a protective effect against child marriage. Girls' attitudes toward marriage and gender norms are strongly associated with being married. 	<ul style="list-style-type: none"> Structured interventions are having an impact on girls, their spouses, and their family members. Life skills programming can help girls build personal resources and adaptive capabilities that positively impact their lives. Programs should engage key influencers and community gatekeepers to facilitate participation of adolescent girls.

As in Ethiopia, separate studies on the prevalence of child marriage and the impact of the Life Skills program were performed simultaneously in southern Lebanon, home to more than 100,000 Syrian refugees. Across the Middle East and North Africa (MENA) region, almost one in six women 20–24 years old were married before age 18, with 2 percent married before age 15.¹⁶ Ongoing conflict across the region is assumed to perpetuate the drivers of child marriage such as economic insecurity and the breakdown of community structures.¹⁷ Since 2011, the crisis in Syria has resulted in more than 5 million displaced Syrians, many of whom fled to Lebanon and have dispersed around the country in rented or shared facilities.¹⁸ According to UNHCR, as of September 2018 there were 221,088 Syrian refugees in Bekaa, and a further 115,599 in the South and Nabatieh districts combined.¹⁹

16 UNICEF, *Child Marriage Data: Percentage of women aged 20 to 24 years who were first married or in union before age 15; percentage of women and percentage of men aged 20 to 24 years who were first married or in union before age 18* (2021, August).

17 The United Nations Population Fund (UNFPA)—United Nations Children's Fund (UNICEF) *Global Programme to End Child Marriage, Preventing and responding to child marriage in humanitarian settings: the Global Programme approach* (2020). <https://www.unfpa.org/sites/default/files/resource-pdf/GP-2020-Child-Marriage-in-Humanitarian-Settings-FactSheet.pdf>.

18 Girls Not Brides, *Child Marriage in Humanitarian Settings: Spotlight on the Situation in the Arab Region* (2018). <https://www.girlsnotbrides.org/learning-resources/resource-centre/child-marriage-in-humanitarian-settings-spotlight-on-the-situation-in-the-arab-region/#resource-downloads>.

19 UNHCR, *UNHCR—Registration—Lebanon—Map of Registered Syrian Refugees by District in Lebanon* (2018). <https://data.unhcr.org/en/documents/details/66530>.

Household Survey

The quantitative study aimed to assess the rates of child marriage for refugees in three districts: Tyre, Saida, and Nabatieh. As described in the Methods section, female enumerators were trained to randomly select a woman at a charity foundation serving Syrian refugees and ask her to lead them to her neighborhood. Once in the community, enumerators asked participating households to refer them to the next potential Syrian household. In total, the survey included 1,593 girls aged 10–19 and 893 adult women.

Unlike in Ethiopia, the household survey in Lebanon assessed the prevalence of child marriage using “survival estimates.” Survival estimates are statistical calculations that take into account the fact that respondents less than 18 years old remain at risk for being married underage after the survey is completed and that the prevalence measured at that point in time will underestimate the burden of child marriage. The survival estimate “adjusts” for this time where girls remain at risk and produces a corrected estimate.

Using this approach, the interviews indicated that 32.6 percent of girls ages 15–19 would be married before age 18. By comparison, among women 25–29, whose experience demonstrated practices before the crisis, 91.4 percent of women reported being married by the age of 17. Girls who were currently in school were significantly less likely to be married. The protective impact of education crossed generations, with girls whose father had some education being 46 percent less likely to experience child marriage. Parental characteristics contributed to whether their adolescents were married in other ways as well; unmarried girls were less likely to have any deceased parents and more likely to have a father who was currently employed when compared to married girls. Girls were at higher risk if they had fewer than five people in their household or were employed.

To gauge the relationship between harmful attitudes toward child marriage and the experience of marriage, girls were scored on a series of seven questions and classified into one of three groups (low, medium, and high), with low denoting the least harmful attitudes and high denoting the most harmful attitudes. Even after adjusting for other factors, those who scored as “medium” and “high” on this scale were 1.6 and 2.3 times more likely, respectively, to be married than those who scored “low,” suggesting a potential protective effect of exposing girls to information on equitable gender norms and the harms of child marriage.

Beyond these attitudes, girls married before age 18 were also asked questions to measure their knowledge of sexual and reproductive health. Within this group, 77.17 percent reported knowing how to keep a healthy pregnancy, but less than 40 percent reported knowing the dangers of a girl getting pregnant too early or having children too close together. Almost all girls reported having used a health facility, and two-thirds reported knowledge of contraception. Approximately three-quarters of married girls had given birth, with an average age at first birth of 16.45 years old. Additionally, 13.27 percent of married girls reported having a child who died—most of these girls were married at age 15 or lower.

Life Skills Evaluation Methods

While the quantitative survey effort was running, researchers also gathered qualitative data on the Life Skills program in the Bekaa Valley region. Respondents in Lebanon were split across the two different Life Skills curriculums described earlier in this report. Those who were unable to participate in the Tailored Package intervention, such as girls who were working and unable to attend group meetings, were instead placed in the more flexible Rapid Response curriculum. In total, 15 IRC staff and 13 adolescent girls who participated in the Rapid Response curriculum received IDIs,



while 51 adolescent girls who participated in the Tailored Package curriculum had data collection sessions using the Stories of Change approach described in the Methods section. Finally, FGDs were conducted with relatives of the girls: 28 husbands and three fathers, as well as two mothers and 27 mothers-in-law.

Life Skills Evaluation Results

In discussing the program, girls reported developing self-confidence for time management and decision-making, which was also observed by husbands and parents/in-laws. Several respondents expressed how developing skillsets in the program helped them set a schedule and control the structure of their day to have time for things they enjoyed. The improvement in time management was not reported equally across the two Life Skills package participants, with the majority of those in the Rapid Response group saying they were not able to implement such changes. This could have been because of existing factors and commitments that put them in the Rapid Response group, or because of a difference in the two curriculums (such as the lack of peer support in the Rapid Response group).

Girls across the program indicated an increased knowledge of reproductive health, in particular reporting the ability to manage whether they got pregnant as well as staying healthy while pregnant. One girl reported that her mother-in-law supported her decision to stop working during a high-risk pregnancy specifically because she trusted the information that the girl had obtained from the program that led her to that decision. For their part, mothers and mothers-in-law conveyed gratitude for the program educating girls in these topics.

On an interpersonal level, girls, husbands, and mothers-in-law consistently shared that a major change resulting from the program was decreased fighting at home. Girls discussed how an increased ability to manage their emotions using techniques like writing in a journal or counting to 10 led to improved relationships.

"I used to have a temper and I thought I'll always stay this way, but when I came here and learned, I benefited a lot...For example, if my husband [is] angry I don't argue with him and I stay calm. When he calms down, we discuss things. This way the house stays calm, and no one screams....I wasn't expecting this. I used to say that I have a temper and it will never change." (Adolescent girl, Rapid Response).

Household relations were also affected by girls exhibiting improved negotiation skills, with program staff noting that some girls shared and discussed topics with their husbands, who then changed their own behaviors. One staff member noted: "The most important decision a girl took was to go back to her school, and she convinced her husband and now he brings her the books. This is a positive result." (Tailored Package Facilitator, IRC).

Mitigating and improving the handling of GBV was an important goal of the program. Though few respondents mentioned GBV directly, girls emphasized the usefulness of building self-protection skills. Some girls reported learning about gender-based harassment in the program, including that they should not feel bad or guilty for being victims of such treatment. Others demonstrated a newfound awareness of the behavior of violence perpetrators and how to minimize risks and take action to protect themselves when uncomfortable. The impact on violence was also seen in other directions, as the girls shared that they learned not to use violence as a means of punishing children (a change that was also noted by mothers-in-law).

The importance of relatives such as husbands, parents, and in-laws as gatekeepers to girls' participation in Life Skills and similar programs was clear from the data, as respondents placed an

emphasis on the role that relatives' perceptions of such programs had on whether an adolescent girl would be able to enroll and attend. However, numerous barriers to gaining support from these gatekeepers were identified. Husbands and mothers-in-law shared beliefs that participation in these kinds of programs was inappropriate for girls, linking to a broader community concern about rights-based programs they saw as teaching girls to push back against gender and social norms.

To address these issues, the IRC team targeted gatekeepers in numerous ways that were seen as effective by respondents. Door-to-door visits to provide information and the employment of a male community mobilizer to speak with men in the community about the program were seen positively. Mothers-in-law voiced appreciation for IRC providing safe transportation to and from certain sessions.

Once a girl had enrolled, the staff maintained a focus on flexibility when trying to work with them throughout the program. The location and time of some sessions were changed to enable working girls to participate, while others were held between shifts. For girls with children, a childcare volunteer was brought into some sessions. Program staff recommended that meetings be shortened to improve participation and uptake, building on existing efforts to make sure girls felt comfortable, safe to draw their own boundaries, and able to express themselves. When asked, girls indicated the success of these efforts, emphasizing their comfort with the program sessions after a period of settling in, and a gratitude for a unique space to share their voices.

Conclusions

Despite coming from different regions of Lebanon, the quantitative and qualitative data described here demonstrate clear overlap between the Life Skills program areas of focus and proven risk factors for child marriage. The effect of education, not just among adolescent girls but also their parents, in preventing underage marriage is strongly evident from the household survey. The Life Skills evaluation shows how the underlying relationship between the two can be targeted through programs: supporting girls in developing their personal resources through time management, emotional control, and negotiation skills can lead to a change in their familial relationships and eventually mean altered attitudes toward topics like education. This dynamic also emphasizes the importance of including community sensitization efforts in the Life Skills programming to target gatekeepers and decision makers and reduce resistance to enrolling girls in the first place.

Further supporting the potential of Life Skills and similar programs was the stark difference in attitudes held by adolescent girls themselves toward child marriage and gender norms in the household survey. While the relationship between a girl's marital status and attitudes is complicated, the different attitudes held by married and unmarried girls provides strong evidence that programming targeted at shifting these harmful attitudes has the potential to reduce underage marriage. When taken together, a combination of changing girls' attitudes, increased community support, and improving personal capacity among adolescents are well suited to addressing factors seen to be most impactful in driving child marriage.



Myanmar

Woi Chyai, Je Yang, and Hpun Lum Yang IDP Camps

RESEARCH	SURVEY FINDINGS
<p>SETTING Internally displaced persons (IDP) camps in Kachin State, Myanmar</p> <p>EMERGENCY Conflict in Myanmar</p> <p>STUDY PERIOD June-September 2018</p> <p>CONTRIBUTING PARTNERS Kachin Development Group, Johns Hopkins School of Public Health, Women's Refugee Commission</p> <p>METHODS USED Female adult survey, household roster, adolescent survey</p>	<ul style="list-style-type: none"> • More than 1 in 5 Burmese adolescent girls are married. • Girls having direct involvement in choosing their partner is a normative belief—especially among girls who are already married. • Only one-third of married girls believed they were ready to marry when they did. • Structured interventions are having a growing reach among girls.

Household Survey

Ongoing conflict between the Myanmar government military and the Kachin Independence Army has resulted in the internal displacement of more than 100,000 people from various ethnic minority groups within Kachin State.²⁰ Three IDP camps in Kachin State near the Myanmar-China border (Woi Chyai, Je Yang, and Hpun Lum Yang) were visited from June–September 2018 to gather information on child marriage among the displaced populations. Following the methods described in the Methods section earlier in this report, the research team collected data from a total of 548 households and 121 adolescent girls aged 10–19. While the study team expected to interview up to 600 adolescents in the selected households, on-the-ground experience found that, unlike in other humanitarian contexts, a high percentage of adolescent girls were attending boarding schools in different parts of the country and thus unreachable for the survey.

Among the 121 adolescents who were surveyed, the average age was 15.7 years old and most (76.0 percent) were attending school at the time of the interview. Twenty-seven respondents (22.3 percent) were married; the average age of married adolescents was 17.9 years. Approximately two-thirds reported ever receiving information about the effects of child marriage or participating in a program for girls outside of school. While 27.3 percent of adolescent girls lived in a home where neither head of household was employed, 40.5 percent had both female and male heads of household employed. To assess the impact of different factors on child marriage, respondents were separated into three groups: married (ages 15–19), unmarried (ages 15–19), and unmarried (ages 10–14).

Views on marriage varied depending on girls' ages and marital status. Among girls who were

20 E.L.E. Ho, "Interfaces and the Politics of Humanitarianism: Kachin Internal Displacement at the China–Myanmar Border," *Journal of Refugee Studies*, 31(3), 407–425 (2018). <https://doi.org/10.1093/jrs/fey017>.

married, 63 percent said that marriage was important for maintaining family honor and reputation compared to just one-third of unmarried girls. Conversely, married adolescents were less likely than unmarried girls to agree that the age at which they married was a decision that parents or relatives should make for them and more likely to say that girls should complete school before marriage. Attitudes about the relationship between education and marriage differed by age: nearly all adolescents (including 100 percent of married respondents) agreed that girls should complete school before marriage, but unmarried girls ages 10–14 were more likely than the other two groups to believe that married girls should not attend school after marriage.

Less than 40 percent of any group thought that marriage would help them overcome some of the challenges they faced. Just one-third of married respondents said they felt they were prepared to become a wife when they married, a number that was still higher than the percentage of unmarried girls who felt they were currently prepared (19.6 percent of those 10–14 and just 6.3 percent of those 15–19). Similarly, while just over 40 percent of married respondents said they were able to make more decisions about their life when they got married, less than one-third of unmarried girls believed the same would be true for them.

In addition to views on marriage, adolescent respondents were asked about their knowledge of sexual and reproductive health. While nearly all married girls knew that there are ways to prevent or delay pregnancy, 25 percent of unmarried girls 15–19 and nearly 60 percent of unmarried girls 10–14 reported they did not know. Similar (and statistically significant) differences between marital status and age occurred when asked whether they knew how to keep their body healthy when pregnant or about danger signs during pregnancy. However, most girls felt comfortable with the changes to their body in puberty (81.8 percent) and knew that it could be harmful to a woman's body to have children too close together (76.0 percent) or when she is too young (86.8 percent). Access to such information did differ across groups, as while most girls reported having someone they trusted to get health information from, less than a quarter of girls under 15 reported receiving information about how to become pregnant compared with 72.9 percent of unmarried girls over 15 and 66.7 percent of married girls.

Conclusions

While this study lacked enough adolescent girls to effectively assess risk factors, it does provide valuable descriptive information from a unique regional context that can be useful for future programmatic efforts. In particular, the relationship between marital status and perceptions of norms reinforces the importance in shifting attitudes in interesting ways. The fact that older, married girls are more likely than younger girls to believe education should be completed before marriage and that the decision to be married should not be made by parents suggests that these shifts may happen on their own, and programs may focus on timing the introduction of such ideas at an earlier age. These findings, like others in Myanmar, are both interesting on their own and as a different perspective to offset the results of the studies in Ethiopia and Lebanon described above. Taken together, they contribute to a multi-faceted view of child marriage in humanitarian contexts.



Key Findings

The five different studies described in the preceding sections present a significant opportunity to examine the scale of child marriage in humanitarian settings and investigate the drivers across diverse contexts, as well as the potential of programmatic approaches in prevention and mitigating risk of this harmful practice. Using similar research methodologies and survey tools for both quantitative and qualitative data collection in three separate regions within less than a year gives us an important chance to compare findings both across contexts and to the literature already available on child marriage.

Prevalence of Child Marriage

The household survey data collected in all three contexts indicate similarities in the prevalence of underage marriage among adolescent girls, but also suggest that the practice is becoming less common over time. In Ethiopia, 11.15 percent of girls under 18 were already married and many remained at risk—however, this is a sharp drop from the two-thirds of adult women, and even 25 percent of women ages 18 and 19, who said they were married at that age or younger. While little external data exists on the Somali refugee population in Ethiopia specifically, evidence from DHS 2020 indicates that in Somalia itself 18 percent of 15–19-year-old girls are currently married and 36 percent of women aged 20–24 were married under age 18.

The work in Lebanon showed even higher numbers, where 32.6 percent of girls aged 15–19 were estimated to be married by age 17 and more than half of adult women reported the same. Prior research among Syrian refugees in Jordan several years earlier demonstrated an increase in child marriage as the conflict continued: in pre-war Syria, 12 percent of registered marriages included girls under age 18, but from 2012 to 2014, that number among refugees increased from 18.4 percent to 31.7 percent.²¹ More recently, a survey among Syrian refugees in Lebanon in 2016 found that child marriage rates increased to 40 percent.²² As in Ethiopia, a reduction in child marriage among the refugee population would thus appear to be recent.

Education

Throughout all five studies, the importance of education as both a protective factor against child marriage and a key outcome of the Life Skills program was a recurring theme. In Ethiopia, the survey demonstrated that girls having ever attended school reduced their risk by 75 percent; in Lebanon, girls currently in school were significantly less likely to be married. One hundred percent of married respondents in Myanmar said that girls should finish their schooling before marriage, while also being more likely than younger, unmarried respondents to think that girls should attend school after marriage. This same group of married girls was also less likely to agree that the age for marriage should be decided by parents or relatives. These findings follow the literature, which has consistently found that education of the parent and the adolescent girl plays a critical role in preventing child marriage.²³ The drive to begin and continue education is thus also a focus of the Life Skills program,

21 Unicef, *A study on early marriage in Jordan 2014* (2014). https://www.unicef.org/mena/sites/unicef.org.mena/files/press-releases/mena-media-UNICEFJordan_EarlyMarriageStudy2014.pdf.

22 Girls Not Brides, *Child Marriage in Humanitarian Settings: Spotlight on the Situation in the Arab Region*; UNICEF Middle East and North Africa Regional Office in collaboration with the International Center for Research on Women (ICRW), *Child Marriage in the Middle East and North Africa* (2017) <https://www.icrw.org/wp-content/uploads/2018/04/Full-Report-FINAL.pdf>.

23 A. Sabbe et al., "Determinants of Child and Forced Marriage in Morocco: Stakeholder Perspectives on Health, Policies and

which directly and indirectly works to improve the chances that girls will attend school by shifting attitudes and empowering them to be part of the decision. Speaking to program participants and other community members in Ethiopia, this focus was praised as being important both to individual participants and the community at large. Girls voiced pride in their progression through grades, caregivers reported girls putting more time toward studying, and community leaders expressly tied educational engagement to the Life Skills program. In Lebanon, the program's impact on education was seen through the lens of increased empowerment, with one facilitator relating the story of a girl who had convinced her husband that she should go back to school after participating.

Economic Instability

The impact of education on child marriage was not limited to adolescent girls themselves—in Lebanon, those whose fathers were educated were 40 percent less likely to be married underage. Given the relationship between education and poverty, this speaks to another important driver of child marriage: economic instability. Also demonstrated repeatedly in the literature, precarious economic situations, including poverty, can greatly impact the decision-making process around marriage.²⁴ In the present studies, girls in both Ethiopia and Lebanon who came from households with an unemployed head of household were more likely to experience child marriage. Female-headed households, deceased parents, and an adolescent girl being employed were also risk factors likely tied to or indicative of economic challenges experienced by the family. On the other hand, girls who lived in households with a large number of other people, especially other adolescent girls, were less likely to be married underage—possibly supporting the idea that the impetus for child marriage in some cases is a directly economic one and more likely to take place when necessary to support the household as a whole. In this scenario, research from a multi-country study suggests that marriages might be arranged based on birth order of children in the home, meaning marriages for younger girls only occur after their older siblings have been married.²⁵ Respondents in the qualitative studies also tied child marriage and Life Skills programming to economic outcomes, with girls in Ethiopia emphasizing how, in their words, the “empowerment” they got from the program led to them developing skills like weaving and tailoring. In Lebanon, changes in self-confidence and new skillsets led to girls reporting increased ability to manage their time and make household decisions.

Marriage Attitudes, Traditions, and Gender Norms

Across all three contexts, marriage attitudes, traditions, and gender norms acted as key drivers and risk factors for child marriage. In the Ethiopia household survey, 98 percent of adult respondents cited religion as the main reason for child marriage, and respondents to the FGDs agreed while also tying it to culture and customs of male parental decision-making. In Myanmar, married girls were more likely than unmarried girls to agree that marriage was important for maintaining family reputation and honor. Results in Lebanon show the relationship at the level of the girl herself most clearly: girls who scored medium or high on a harmful attitudes scale were 1.6 and 2.3 times more likely to be married, respectively, after accounting for other factors. Family effects were also evident, such as the relationship in Ethiopia between an adult woman's reported “ideal” age of marriage and whether an adolescent girl in that household was married.

Human Rights,” *BMC International Health and Human Rights*, 13(1), 43 (2013). <https://doi.org/10.1186/1472-698X-13-43>.

24 International Center for Missing & Exploited Children, *Child Marriage in the Middle East and North Africa. A White Paper* (2013). https://www.icmec.org/wp-content/uploads/2015/10/Child_Marriage_in_the_MENA_Region.pdf

25 L.M. Pesando and A. Abufhele, “Household Determinants of Teen Marriage: Sister Effects across Four Low- and Middle-income Countries,” *Studies in Family Planning* (2019). <https://onlinelibrary.wiley.com/doi/10.1111/sifp.12089>.



At the community level, qualitative respondents in both Ethiopia and Lebanon reported the resistance of members and leaders to programs like Life Skills that they saw as encouraging girls to push back against norms, but also shifts in attitudes as programs work to expand their messages and external factors like legal systems exert their own pressures. However, sometimes this had unintended consequences: in Ethiopia, adults described increased hostility toward families who married their adolescent girls off early, but also against the married girls themselves who, once married, were cut off from social networks and denied the ability to attend school.

Sexual and Reproductive Health

Attitudes and norms not only affect child marriage, but also access to a range of important information for adolescent girls. The research described in this report demonstrates several similarities across contexts in terms of girls' knowledge and practices around SRH. In Ethiopia and Lebanon, such questions were only asked of girls married before age 18, while in Myanmar all girls were included. In Ethiopia and Lebanon, respectively, 60.0 percent and 75.0 percent of married respondents reported giving birth, with an average age at first childbirth around 16.5 years old. Of the married respondents in Lebanon, 13.27 percent reported having a child who died, mainly among those married before age 15.

Across all regions, most married girls reported knowing how to get pregnant and keep a healthy pregnancy, but less than two-thirds of girls in Ethiopia and Lebanon knew about the dangers of getting pregnant too early. In Myanmar, just 41.3 percent of girls ages 10–14 reported knowing there are ways to prevent or delay pregnancy. Knowledge of contraception varied, from approximately two-thirds of married girls in Ethiopia and Lebanon to nearly 100 percent of married girls in Myanmar. The use of health facilities was high (90.2 percent) in Lebanon and lower in Ethiopia, where just under two-thirds of respondents had ever used one. In Myanmar, 83.5 percent of all girls interviewed said they had someone they trusted to get health information from, but unmarried girls 15 years of age or older were more likely than married girls in the same age group to have received information about how to become pregnant as one aspect of their SRH knowledge.

The Life Skills evaluations also appeared to impact SRH knowledge, with respondents in Lebanon reporting the ability to manage and stay healthy during pregnancy. Mothers-in-law specifically mentioned appreciating that the program had educated girls on these topics, which could often be challenging or sensitive to discuss otherwise. In Ethiopia, adolescents indicated increased knowledge and uptake of family planning, menstrual hygiene, and contraception, as well as formal medical services.

Violence

Although not studied in the household survey directly, the qualitative evaluations of the Life Skills also found effects in both Ethiopia and Lebanon regarding the prevention of violence. In the former, respondents directly tied child marriage to adolescent girls experiencing violence, with perpetrators ranging from parents to suitors to husbands. At the same time, they also highlighted an expansion of girls' social networks and understanding of reporting tools developed in the Life Skills program as being important in mitigating such violence. For their part, caregivers also learned to reduce girls' risk by limiting how often they sent girls to areas with a higher chance of violence, such as gathering firewood. In Lebanon, girls and family members reported a decrease in fighting at home through the newly developed skills that girls gained from the program. As in Ethiopia, these skills extended out of the home as well, as girls described a newfound awareness of how to minimize risks and protect themselves against violent perpetrators. Mothers-in-law also noted a change in how girls in the Life Skills program used violence themselves, reducing their reliance on it as a disciplinary tool for children.

Implications for Practice

The combined studies offer several important implications for future programming.

Practitioners should prioritize innovative educational approaches to improve the health of adolescent girls.

First, the findings presented here reinforce the existing emphasis on education through enabling adolescent girls to pursue schooling, encouragement of relatives and caregivers to support these choices, and reducing systemic barriers that may hinder this process. In Ethiopia, the value of education was mentioned by respondents ranging from adolescent girls to mothers and representatives of the broader community. Program staff reported leveraging this broad support for education as a tactic to decrease child marriage without explicitly going against traditional or religious practices—an approach that seems to have been successful as a way to avoid heated issues. In a similar vein, mother and mother-in-law respondents in Lebanon were appreciative of the Life Skills program as a venue to educate adolescent girls about important sexual and reproductive health information that might otherwise be too sensitive to talk about. By building and then leveraging support among family members and communities for things like education and health, multi-sectoral approaches can ensure girls stay engaged in programming that is adaptive to their needs and priorities.

Multi-sectoral approaches should remain adaptive to adolescent girls' needs and priorities.

Efforts in Lebanon to work with individual families and break down barriers crucially included the adolescent girls themselves. The Life Skills program there focused on flexibility to allow girls to participate as much as possible; whether it was different curriculums for girls with different levels of availability, or tailoring session location, length, or scheduling, the staff put significant effort into adapting to maximize the efficiency of their work. As one IRC staff member said, "If the sessions were shorter [we could] deliver messages faster. Especially when girls are tired after work....I used to feel guilty when I [kept] them in [sessions] all day." For girls with children, certain sessions also provided a childcare volunteer to permit participants to focus on the program itself. While it should be noted that certain outcomes differed or were reduced across the two different curriculums, the general response from girls was that the flexibility and supports made them feel comfortable and at ease working in a space where their voices could be heard.

Multi-level approaches are critical in transforming systemic gender discrimination.

It's clear from the data presented in this report and the literature more broadly that cultural and gender norms play a major role in perpetuating child marriage in many contexts. The five different studies demonstrate that these kinds of attitudes are present at multiple levels, whether it is adolescent girls themselves, their families and relatives, or the community as whole. The Life Skills program, and programs like it, are on the leading edge of a shift in these attitudes, and thus must make outreach and advocacy on multiple levels a priority. The targeted groups will be context specific but may range from caregivers who act as gatekeepers in the lives of adolescent girls to male and female leaders who are influential in the community. In doing so, they will also reduce barriers to enrolling and working with adolescent girls whose caregivers or relatives might otherwise be resistant to programs that are seen as encouraging rebelliousness against norms and divisions between parents and their daughters.



Meaningful engagement with communities means including men and boys in programming.

As key decision-makers within families and communities, men and boys are critical allies in work to elevate the voices and value of women and girls within society. Since the participation of girls in programming is often met with resistance, outreach and inclusion is critical to ensuring not only the participation levels of girls, but further change work within local communities. In Ethiopia, one male community member summarized a common viewpoint, saying, "Girls just come here [to the IMC women's center] and come home. We have not seen any of them sharing with us any useful information." Indeed, one of the main recommendations from girls in this context was to enhance the Life Skills curriculum's work with men in order to change gender norms and other behaviors from that perspective.

The Life Skills program in Lebanon serves as a helpful example of ways to reduce resistance at the different levels required. Staff there made specific efforts to call and meet with so-called gatekeepers and "influencers" and respond to their concerns regarding things like the risks of traveling to and from the program (in this case, by providing safe, no-cost transportation for girls). The power of male relatives and community members was noted as being particularly complex and important. To address this issue, the program used a male community mobilizer to speak with men in the community. Husbands and fathers reported positive interactions with this mobilizer, which was also true of the broader efforts made by the program to visit families door-to-door. Many mothers and mothers-in-law reported being contacted directly and being satisfied with the information they received from the program, leading them to encourage their daughters and daughters-in-law to attend. Through thoughtful, multi-faceted outreach and the use of sensitive language and discretion, programs like Life Skills can access and convince gatekeepers that might otherwise prevent adolescent girls from participating.

Livelihood approaches should integrate gender-transformative approaches to reduce risk of child marriage.

Given the clear connections between child marriage and economic instability (including the broader conditions of poverty), it is unsurprising that recommendations from program participants and other respondents encouraged the provision of material supports and integrating livelihoods aspects or training on income-generating activities into the curriculum. The aspects already included in the program, such as a module with information on budgeting and savings, were seen positively; in Ethiopia, one adolescent girl remarked that the program "benefit[ted] us girls by strengthening our capacity with skills that enable us to access livelihoods." A female community leader lent her voice, saying, "when girls are given awareness and given some cash...there are those of them who [are] making progress in business now. There are those who opened up small businesses."

However, more was still recommended by participants, particularly in Ethiopia. Tying economic security closely to child marriage, one mother there said that adolescent girls who do not get married "are facing challenges because they don't have job opportunities in the camp." Specific suggestions for training included things like henna, tailoring, computer skills, vehicle driving, or carpentry, as well as economic assets associated with starting up an income-generating business such as "startup capital," "business skills," or "start-up kits." One girl recommended "investments to run business like shops and restaurants to rely on ourselves," making explicit the link between economic security and the personal agency to avoid oppressive marriages.

More implementation research is needed to reduce the risk of indirect harm to girls and further examine what approaches work to prevent marriage.

The risk of indirectly causing harm through programming was raised in both of the qualitative evaluations (Ethiopia and Lebanon). In Ethiopia, adolescent girls reported criticism from their neighbors, saying, “They always tell me ‘it has been almost 12 months that you have been going to that place [IMC women’s center]. What benefits are you getting? Don’t go....They are just telling lies and wasting your time.’” The risks included threatened and actual violence as a result of participation; one girl in Ethiopia shared that “sometimes, community members come to our house and inform my parents and husband of the untrue stories about the [IMC women’s] center, and this causes my husband to beat me.” Male community leaders also indicated that the distance to the center in Ethiopia was a concern, as some participants being late to return home for household chores led to spousal violence.

In general, programs focused on empowering girls and reducing harmful practices must use caution in situations that may lead to harm. As described in both Ethiopia and Lebanon earlier in this report, building personal skills around negotiation and communication, strengthening social networks, and encouraging self-confidence are important tools for mitigating violence. At the same time, there exists a need to address the root causes of violence in the home and community at large and build a safer environment for girls everywhere. Programs working to support girls as a way to reduce child marriage are only addressing part of the story; continued work at the structural level, through accountability, legal systems, social inclusion of displaced people, inclusive economic development to alleviate poverty, and other tools are crucial to create an environment in which girls who are being built up in the program can get home safely and feel safe at home. On the most immediate level, it is important that programs working in humanitarian settings continue to follow strategies aimed at preventing GBV as outlined in UNHCR’s *2003 Guidelines for Prevention and Response*.²⁶

Additional steps can be taken to ensure programming is responsive to the needs of adolescent girls by integrating ongoing gender analysis within program strategies to allow for meaningful reflection on gender roles and the constraints that may affect access to and control over resources and opportunities.²⁷ It would provide greater depth of understanding related to unintended consequences or adverse outcomes related to programming, and opportunities to work across sectors tailoring services to the specific needs of adolescent girls and their families.

26 UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons—Guidelines for Prevention and Response* (2003). <https://www.unhcr.org/en-us/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html>.

27 Women’s Refugee Commission, “We Need to Write Our Own Names”: *Gender Equality and Women’s Empowerment in the Rohingya Humanitarian Response in Cox’s Bazar. Gender Operational Review Report* (2019). <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Gender-Operational-Review-Cox-s-Bazar-09-2019.pdf>.



Additional Resources

For more information on individual study results and implications for practice, the following resources are available open source:

Shatha Elnakib, Ghada El Khoury, Pascale Salameh, Hala Sacre, Lina Abirafeh, W. Courtland Robinson, and Janna Metzler. "Investigating Incidence, Correlates, and Consequences of Child Marriage Among Syrian Refugees Residing in the South of Lebanon: A Cross-Sectional Study." *Shared Roots, Different Branches: Expanding Understanding of Child Marriage in Diverse Settings* 70, no. 3, Supplement (March 1, 2022): S64–71. <https://doi.org/10.1016/j.jadohealth.2021.08.022>.

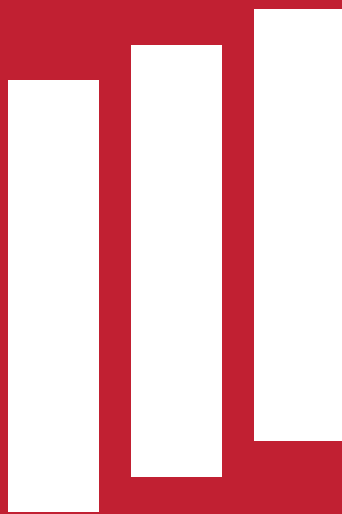
Shatha Elnakib, Kara Hunersen, Janna Metzler, Hailu Bekele, and W. Courtland Robinson. "Child Marriage among Somali Refugees in Ethiopia: A Cross Sectional Survey of Adolescent Girls and Adult Women." *BMC Public Health* 21, no. 1 (2021): 1–12.

Lillian Whiting-Collins, Mona Tawk, Celia Karp, W. Courtland Robinson, and Janna Metzler. "Fostering Protective Assets Among Syrian Refugee Girls Who Experience Child Marriage: Findings from a Formative Program Evaluation." *Journal of Immigrant and Minority Health*, 2022, 1–12.



Abbreviations

DHS	Demographic and Health Surveys
ELRHA	Enhancing Learning and Research for Humanitarian Assistance
FGD	Focus group discussion
FGM	Female genital mutilation
GBV	Gender-based violence
IASC	Inter-agency Standing Committee
IDI	In-depth interview
IDP	Internally displaced person
IMC	International Medical Corps
IPV	Intimate partner violence
IRC	International Rescue Committee
JHSPH	Johns Hopkins School of Public Health
KDG	Kachin Development Group
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Surveys
NGO	Non-governmental organization
R2HC	Research for Health in Humanitarian Crises
SoC	Stories of Change
SRH	Sexual and reproductive health
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission



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